



DISENROLLMENT FORM

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TO THE FACULTY OFDEANERY,

I hereby want to be disenrolled due to the the reason stated below.

Kindly submitted for the necessary action.

Name-Surname :
Turkish ID No :
Student ID No :
Department :
Subject :
Mobile Phone :
Address :

Signature:

Reasons for Disenrollment:

Department Chair	
Opinion:	
Name-Surname:	
Date-Signature:	

Financial Affairs Directorate	
Does the student have financial responsibility?	
Name- Surname:	
Date- Signature:	



Student Affairs Directorate	
Opinion:	
Name-Surname	
Date- Signature:	

Library and Documentation Directorate	
Opinion:	
Name-Surname:	
Date- Signature:	

Deanery	
Opinion:	
Name-Surname:	
Date-Signature:	