



## STUDENT INFORMATION CHANGE DECLARATION FORM

...../...../20.....

TO THE STUDENT AFFAIRS DIRECTORATE OF FENERBAHÇE UNIVERSITY,

Name -Surname : .....  
Identity Number / Passport Number : .....  
Place and Date of Birth : .....  
Father's Name : .....  
Mother's Name : .....  
Address – City : .....  
State / Province : .....  
Street : .....  
Building Number : .....  
Home Phone : .....  
Mobile Phone : .....  
Subject : .....

I enrolled in the Faculty / Vocational School of ....., Department of..... in .....academic year in your university. I hereby declare that the information given above are true and I request that all notifications to be made by your institution in my student life could be made to this address.

If I do not notify my change of address to the Student Affairs Directorate within 1 week at the latest, I accept in advance that the address I first declared will be valid for the notifications to be made.

Name- Surname:

Signature: