**Student’s Request**

Please tick the appropriate box below / Please fill out a separate application form for each request

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| EM |  | **Withdrawal (from a Program)** | EM |  | **Student Certificate** |
| D/EM |  | **Registration Freeze** |  **1 Semester** | EM |  | **Transcript** |
|  **2 Semesters** |
| EM |  | **Registration(Unfreeze)** | EM |  | **Name - Surname and Contact Information Amendment** |
| EM |  | Askerlik sevk tehiri  |  |  |  |
| EM |  | Askerlik sevk tehir iptali |  |  | Diğer / **Other**: …………………………………………………………………………………………………………………………………………………………………………………………………. |
| EM |  | Geçici Mezuniyet Belgesi |  |  |

|  |  |  |
| --- | --- | --- |
| **EM (Institute)** | **D (Supervisor)** | **ABD (Department)**  |

**\* Registration Freeze Transactions require the signature of the supervisor. Registration Freeze Requests are received until the end of the add-delete week. Applications made after Add - Delete are not accepted.**

**Student’s Information Date:** …../……/20....

 Please fill out completely **Signature of Student:** …………………….

|  |  |  |  |
| --- | --- | --- | --- |
| **Student Number** |  | **Department- Program** |  |
| **TC number** |  | **Phone Number** |  |
| **Full Name** |  | **E-Mail** |  |
| **Address** |  |

**Student’s Explanation** /Please make a brief and clear explanation

|  |
| --- |
|  |
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|  |

**Attachments** /Please write down the documents you would like to attach

 **Document Name No. of Pages**

|  |  |
| --- | --- |
| **1** |  |
| **2** |  |

**I certify that the information given on this application form and its attachments in accurate. Student’s Signature**

***This section will not be filled by the student***

|  |  |  |  |
| --- | --- | --- | --- |
| **Supervisor’s Approval** |  Approved |  Denied | **Decision of the Board** |
|  |  **Accepted** |
|  **Rejected** |
| **Supervisor’s Name and Signature:** |  **Correction** |