TUITION FEE REFUND FORM

…../…../20....

FACULTY OF HEALTH SCIENCES DEAN'S OFFICE

I would like to inform you of the necessary steps to refund the contribution/tuition fee that I have overpaid due to the reason I have stated below.

Date : … / … / 20..
Name :
Surname :

Please fill in all fields.

Student Number	
National ID Number	
Department / Program	
Mobile Phone	
E-mail Address	

REFUND REASON		
☐ Transfer Student	☐ Ranked in the Top Ten Percent.	☐ Child of Martyr or Veteran
☐ Other (Please explain)		
…		

BANK INFORMATION																										
Bank Name																										
IBAN	**T**	**R**																								

ADDS
1.Bank Receipt
2.Student Certificate
3.Bank Account Book Copy (Certified True Copy)
4. ID Card Copy