STUDENT UNENROLLMENT REQUEST

……

I am a student of …….. Due to the reason(s) stated below, I kindly request the termination of my enrollment upon my own request.

I respectfully submit this request for necessary action.

Date : … / … / 20..
Name – Surname :
Signature :

STUDENT INFORMATION *Please fill in all fields.*	
Student Number	
Department	
Mobile Phone	
E-mail Address	
Current Residential Address	

REASON FOR WITHDRAWAL *(Please select at least one option.)*		
☐ Economic	☐ Family-related	☐ Prefer not to specify
☐ Military service	☐ Sağlık	☐ Other (Please explain below.)
…		

ATTACHMENTS:

- Copy of Identity Card
- Document related to the stated reason (if applicable)

* *Withdrawal from enrollment is irreversible once completed..*