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| **OSTİM TECHNICAL UNIVERSITY**  **GRADUATE SCHOOL OF NATURAL AND APPLIED SCIENCES**  CHANGE OF ADDRESS NOTIFICATION FORM  …../…../20…   |  |  | | --- | --- | | **Name, Surname:** | **Student number:** | | **Program:** Master of Arts PhD | **TR ID Number:** | | **Department:** | **Mobile:** | | **E-mail:** | **Home Phone:** |   I am Master's / Doctoral student in the department of .................................................................... I kindly request you to change my contact information as follows.  Correspondance Address:  ……………………………………………………………………………………………………………………..  ……………………………………………………………………………………………………………………..  ……………………………………………………………………………………………………………………..  ……………………………………………………………………………………………………………………..  **Signature**  **Description:**  **THERE IS NO STATEMENT IN THE REGULATION REGARDING CHANGE OF ADDRESS**   * The address declared by the student during registration and included in the Address Based Population Registration System, is the notification address. **(M39/1)**. * Students are obliged to notify the relevant public institutions of the change of address within the legal time limits in order to avoid the unjust treatment caused by the change of address. Students who do not report their address or changes in address cannot claim that they have not been notified. **(M392).** * Students are obliged to follow the messages sent to the e-mail address, which is registered in the student affairs information system or declared during registration. **(M39/3)**. |