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| OSTİM TECHNICAL UNIVERSITY  INSTITUTE OF NATURAL AND APPLIED SCIENCES  DISENROLLMENT FORM |
| |  |  | | --- | --- | | Student: | | | Number |  | | Name Surname |  | | Department |  | | Program | Master's with Thesis  Master's without Thesis  PhD Integrated PhD | | Address |  | | Phone Number | Mobile: Home/Office: | | e-mail |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | | Name of the Unit | This student is exmatriculated. | Unit Officer's | | Date | | Name Surname | Signature | | OSTİM TECHNICAL UNIVERSITY |  |  |  |  | | Head of Department |  |  |  |  | | Advisor |  |  |  |  |   I kindly request the deletion of my registration from the program I am enrolled in.  Name-Surname Signature  Student   |  |  |  |  |  | | --- | --- | --- | --- | --- | |  |  | Name and Surname of the Unit Officer | Signature | Date | | Student Affairs | The student's ID card  was obtained. |  |  |  |   The above-mentioned student is EXMATRICULATED from our Institute as stated in the exmatriculation form.  **Decision of the Board of Directors of the Institute: Decision No: Date:** …../…../…..  Asst. Prof. Hikmet BAL  Director of the Institute   |  | | --- | | **Description:**  A copy of the identity card will be added to this form. | |