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| OSTİM TECHNICAL UNIVERSITYINSTITUTE OF NATURAL AND APPLIED SCIENCES DISENROLLMENT FORM |
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| 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 |  |

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| --- | --- | --- | --- |
| 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 SignatureStudent

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | Name and Surname of the Unit Officer | Signature | Date |
| Student Affairs | The student's ID cardwas 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 BALDirector of the Institute

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| **Description:**  A copy of the identity card will be added to this form. |

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