

APPLICATION FORM FOR SUSPENSION OF STUDY

Student's:

Student Number :

Name – Surname :

Mobile Phone : E-Mail :

Registered ;

Faculty /
Vocational School :

Department /
Institute :

Department / Progra :

Usual Education Evening Education Master Degree Doctorate

Grade :

To be Suspended;

Academic Year : 20..... / 20..... Academic Year

Academic Term : Fall Spring Fall and Spring Terms

Reason for suspending study :

Health Problems (*Health reports should be attached.*)

Military Service (*It must be declared with the document received after the date of military service is completed*)

Economic and familial reasons (*Please declare with a petition.*)

Other Reasons (*Please declare with a petition.*)

This section will be filled in by the Financial Affairs Directorate.

| | |
|--|--|
| Debt free. Freeze registration is <u>APPROPRIATE.</u> | Has debts. Record freeze is <u>NOT APPROPRIATE.</u> |
| Authorized Name – Surname: Date:/...../..... Signature: | Authorized Name – Surname: Date:/...../..... Signature: |

To The..... Faculty Dean/Vocational School Department/Institute Directorate

I declare the accuracy of all the information I have provided above and the documents I have submitted in the annex, and I request that my registration freeze request be processed on the grounds that I have submitted. I accept, declare and undertake that I will comply with the provisions of all current Regulations and Directives regarding my application, and my request will not be processed if there is a missing document regarding my application.

Student's Date/...../.....
Name – Surname: Signature:

Attachments: 1 –
2 –

Dear Student;

The evaluation of this application will be made taking into account the provisions in all current Rules and Regulations. **Fill this form completely and submit it to the relevant Faculty Dean / Vocational School Department / Institute Directorate.**