Tarih/ ***Date***:…../…../……..

**….………………………………ENSTİTÜ MÜDÜRLÜĞÜNE,**

***To the Directorate of ……………………………. Institute***

Antalya Bilim Üniversitesi……………………………………………bölümündeki kaydımın silinmesini talep ediyorum. Gereğini bilgilerinize arz ederim.

***I kindly request you to withdraw my registration from the……………………………. department of Antalya Bilim University. I kindly submit for your information.***

Saygılarımla/***Sincerely* İmza / *Signature***

**Öğrenci No/ *Student ID Number:* :……………………………………………………………………….**

**İsim Soyadı/ *Fullname*  :………………………………………………………………………………...**

**T.C. Kimlik No/ *Turkish ID Number* :…………………………………………………………………...**

**Bölümü/ *Department* :……………………………………………………………………………………..**

**Adres/ *Address* :…………………………………………………………………………………………**

**Telefon/ *Phone* :………………………………………………………………………………………….**

**E-Posta/ *E-mail* :………………………………………………………………………………………….**

**Kayıt Sildirme Nedeni *Reason for Withdrawal :*** (Sebep detaylı bir şekilde belirtilmelidir.)

**Mezuniyet *Graduation***

**Mali Nedenler *Financial Problem***

**Kişisel Nedenler *Personal Reasons***

**Diğer *Other*** :…………………………………….

|  |  |  |
| --- | --- | --- |
| **Onay Birimi**  ***Approval Unit*** | **Unvan, Ad, Soyad**  ***Title, Name, Surname*** | **ONAY**  ***APPROVAL*** |
| **Enstitü Müdürü**  ***Director of the Institute*** |  |  |
| **Kütüphane ve Dokümantasyon Müdürlüğü**  ***Library and Documentation Directorate*** |  |  |
| **Mali İşler Müdürlüğü**  ***Directorate of Financial Affairs*** |  |  |
| **Bilgi İşlem Müdürlüğü**  ***Directorate of Information Technologies*** |  |  |
| **Mezunlar Ofisi ve Kariyer Geliştirme Koordinatörlüğü**  ***Graduate Office and Career Development Coordinatorship*** |  |  |

Form No: SB-FR-0023 Yayın Tarihi:24.06.2019 Değ.No:1 Değ. Tarihi:-