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:-