**ANTALYA BİLİM**

**ANTALYA BİLİM ÜNİVERSİTESİ REKTÖRLÜĞÜ**

**Güzel Sanatlar ve Mimarlık Fakültesi Dekanlığı,**

*Faculty of Fine Arts and Architecture,*

**Tarih** / *Date :*..... **/**......**/**...........

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**Gereğini saygılarımla arz ederim.**

*I kindly request your consent for this necessary action.*

**Adı Soyadı /** *Full Name***İmza /** *Signature*

 **Personelin /***Staff’ s*

**Sicil No /** *TR ID Number* **:** .......................................................................................................... **Bölümü/** *Department and Class* **:** ..........................................................................................................

**E-posta /** *E-mail* **:** ..........................................................................................................

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