**ATILIM UNIVERSITY**

**Dean’s Office Of Faculty Of Engineering**

**…………………………………………………………….. Department**

…./ ….../ 20..

I am your department’s ……………………….. ID numbered student. I would like to be considered on leave (enrollment deferral) for ………… semester in 20.. / 20.. Academic Year for ………………………………………………………………………………………….………………………………………………………………………………………….reason/reasons.

Respectfully submitted for your approval.

 **Student’s;**

**Name Surname:**

**Signature:**

**Student’s;**

**Phone Number:** +90

**Post (Mailing) Address:**