**ATILIM UNIVERSITY**

**GRADUATE SCHOOL OF SOCIAL SCIENCES**

**DEPARTMENT OF …………….………………………..**

Full Name: Student Number:

Program:

Semester to Suspend Studies: 20….. / 20… Fall Spring

Suspension Information

I hereby request to have my studies suspended in line with the documentation and information provided.

I kindly request your necessary action.

Phone: Date:

E-mail: Signature:

Address:

Attachments:

Documentation supporting the reason for suspension of studies (if any)

Proof of payment of the tuition fees for the semester (if indebted)

**Advisor approval**