I kindly request you to remove my records from the Department of .................................................... …………………………………………, School/Graduate School of ……………………………......

........................................................., Atılım University.

Kindly submitted for necessary action.

Student No :.............................................

Name/Surname :.............................................................................................................

Mobile Phone :..............................................

Address :.………………………........……………………………........….......

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Date : ……...........…………….

 Signature ……....…………….......

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| **Directorate of Student Affairs - Application received by**  |
| **Name/Surname** |  |
| **Date**  |  |
| **Signature** |  |

For distribution : Directorate of Educational Revenues