

**FENERBAHÇE UNIVERSITY GRADUATE SCHOOL**

**REGISTRATION CANCELLATION REQUEST FORM**

…../..…/20….

I am a master's non thesis/ master's thesis/ doctorate program student in the ………………………………………….… department with the number ……………………………… I want to cancel my registration voluntarily.

I kindly request your information.

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| --- | --- |
| Name Surname |  |
| Communication Address |  |
| Phone Number |  |
| Email Address |  |
| Date |  |
| Signature |  |