

**FENERBAHÇE UNIVERSITY GRADUATE SCHOOL**

**WITHDRAWAL FROM UNIVERSITY (EXMATRICULATION)**

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Name Surname :

Student ID :

Name of Program :

To conduct the withdrawal of the student from the University whose identity is written above, I kindly request for them to be notified about their status of relation to your unit.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| NAME OF THE UNIT | STATUS OF RELATION | UNIT OFFICIAL | DATE | SIGNATURE |
| FINANCIAL AFFAIRS DIRECTORATE |  |  |  |  |
| LIBRARY and DOCUMENTATION DIRECTORATE |  |  |  |  |
| STUDENT AFFAIRS DIRECTORATE |  |  |  |  |
| ADVISOR |  |  |  |  |

Student Identification:

Received

**Graduate School**

Date: Signature: