… / … / 20…

**TO THE FACULTY OF DEANERY,**

I would like to take a leave of absence from the University due to the reason I stated below. Best Regards,

Name-Surname :

Turkish ID Number :

Student ID Number :

Department :

Subject :

Mobile Phone :

Address :

Have you ever suspended your registration?

|  |
| --- |
| … |

Reason For Leave of Absence :

|  |
| --- |
| … |

|  |
| --- |
| **For how long do you wish to take a leave of absence?** |
| Academic Year: | Academic Term: |

 Signature

|  |
| --- |
| **Advisor** |
| Opinion |  |
| Name-Surname |  |
| Date- Signature |  |
| **Financial Affairs Directorate** |
| Does the student have financial responsibility? |  |
| Name-Surname |  |
| Date- Signature |  |