**KADİR HAS UNIVERSITY**

**Form for Dissolution of Relationship with the University**

**(STUDENT)**

Name, Surname :

Student ID :

Faculty/Institute/Vocational School :

Department/Programme :

Phone :

E-mail Address :

Address Information :

I declare that the information I have provided above is correct. Date : ….. /….. /.…

Signature :

|  |  |
| --- | --- |
| **Information Center** | |
| Name Surname: | Date :  Signature and Seal: |

|  |  |
| --- | --- |
| **Directorate of Health, Culture and Sports** | |
| Name Surname: | Date :  Signature and Seal: |

|  |  |
| --- | --- |
| **Directorate of Security and Civil Defence** | |
| Name Surname: | Date :  Signature and Seal: |

|  |  |  |
| --- | --- | --- |
| **Directorate of Financial Affairs** | | |
| *Fees* | ***Computer refund*** | ***Computer fee*** |
| Name Surname: | Date :  Signature and Seal: | |

|  |  |
| --- | --- |
| **International Collaboration and Education Office** | |
| Name Surname: | Date :  Signature and Seal: |

|  |  |
| --- | --- |
| **Directorate of Student Affairs**  ***Student locker turnkey*** | |
| Name Surname: | Date :  Signature and Seal: |