



KADIR HAS UNIVERSITY

Form for Suspension of Studies

The academic year for which suspension of registration is requested		Fall <input type="checkbox"/> Spring <input type="checkbox"/>
Name - Surname	Student ID	
Institute/Faculty Vocational School	Department/Program	
Address Information	Phone	
	E-Mail	
<p style="text-align: center;">To Dean of theFaculty / To Manager of the School of Graduate Studies</p> <p>I would like to suspend my studies in the Institute/Faculty/Vocational School I am registered at due to the reasons indicated below.</p> <p>I realize that for the suspension of studies procedure to be processed I must pay one fourth of the tuition fee and I undertake to make this payment within two weeks from the date of the decision.</p> <p style="text-align: right;">..... / /</p> <p> <input type="checkbox"/> Financial Reasons <input type="checkbox"/> Health Problems <input type="checkbox"/> English Education Abroad <input type="checkbox"/> Other (Please provide details) </p> <p>Documentation verifying the circumstances are attached.</p> <p style="text-align: right;"><u>Student's Signature:</u></p>		

Approval of the Directorate of Student Affairs

No previous suspension of studies <input type="checkbox"/> Previous suspension of studies <input type="checkbox"/> Eligible for suspension of studies <input type="checkbox"/> Yes <input type="checkbox"/> No	Authorized Official's Name and Surname: Date, Signature and Seal :
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Approval of the Directorate of Financial Affairs

20.....-20..... Fall <input type="checkbox"/> Spring <input type="checkbox"/> <input type="checkbox"/> Tuition fee paid <input type="checkbox"/> Tuition fee unpaid	Authorized Official's Name and Surname: Date, Signature and Seal :
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Approval of the Institute / Faculty Administrative Board

Date :/...../.....	Number : Number of the Decision:	Article of Relevant Regulation:
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