Student’s Number :………………………………………………………..

Full Name :…………………………………………………………

Faculty :………………………………………………………….

Department :…………………………………………………………

Severance Reason :………………………………………………………………………..

 …………………………………………………………………………

 I want to terminate my registration and take my file from ISHIK UNIVERSITY because of the reason I have written above.

 Date : / / 201…

 Signature:

|  |  |  |
| --- | --- | --- |
| Relevant Units | EXPLANATION | APPROVAL |
| Head of Department |  |  |
| Library |  |  |
| Accounting Office |  |  |
| Director of Student Affairs |  ID card is taken from student. Certificate is given to student. His registration in OGIS is cancelled. |  |

 I took my certificate and other original documents.

 **Student’s Name and Signature**

**NOTE:** This form must be given to the Student Affairs Office after approved by the student.