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| --- | --- | --- | --- | --- | --- | --- |
| **Full Name (the responsible)** | |  | | | | |
| **Department or Unit** | |  | **Position** | | |  |
| **The day of submitting the request** | | / / | **Signature** | | | |
| **The Day & Time you are planning to stay in the university:**  **Day : / /2015**  **Hours : form …………….. to …………………** | | | | | | |
| **Please briefly explain why you want to stay after the end of university hours / at holiday** | | | | | | |
|  | **Name of the Student** | | | **Department** | | |
| **1** |  | | |  | | |
| **2** |  | | |  | | |
| **3** |  | | |  | | |
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| **15** |  | | |  | | |
| **Approval of Dean of the Faculty** | | | | | **Signature** | |
| **Approval of General Secretary** | | | | | **Signature** | |

**Note:** if the activity is planned to be held in the 5th floor, the approval and the signature of **Mr.Cavit Sivasligil** is required here :