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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** |  |  |
| **4** |  |  |
| **5** |  |  |
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| **14** |  |  |
| **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 :