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| * **T.C.**

**SELÇUK UNIVERSITY****INSTITUTE OF HEALTH SCIENCES DIRECTORATE** |

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| **STUDENT INFORMATION** |
| **Name-Surname** | Click or tap here to enter text |
| **Student Number** | Click or tap here to enter text |
| **T.R. Identity No** | Click or tap here to enter text |
| **Department** | Click or tap here to enter text |
| **Program** | [ ] Master's Degree[ ] Doctorate[ ] Non-Thesis Master's Degree |
| **GSM No** | Click or tap here to enter text |
| **Address** | Click or tap here to enter text |
| I am a registered student of your institute. I would like to deregister voluntarily. I respectfully request the necessary action.**Click or touch to enter a date.****Name Surname of the Student**Click or tap here to enter text**SIGNATURE** |
| **INFORMATION and APPROVAL OF THE AGENT TO BE DISCONNECTED** |
| **UNIT NAME** | **CONSIDERATIONS** | **DATE** | **APPROVED BY****NAME SURNAME****SIGNATURE** |
| **ADVISOR** | **There is no problem with the deregistration of the named student.** | **…../…../20…** |  |
| **HEAD OF DEPARTMENT** | **There is no embezzled material belonging to our department on the named student.** | **…../…../20…** |  |
| **S.Ü. CENTRAL LIBRARY** | **The named student does not have any embezzled materials belonging to our Library.** | **…../…../20…** |  |
| **SCIENTIFIC RESEARCH PROJECTS****COORDINATION UNIT** | **The named student has no project supported by our coordinatorship.****Bap Project No : …………………..** | **…../…../20…** |  |
| **EXPLANATION**1. **Student ID** must be attached to this form. Those who have lost their student ID must attach the full page of the newspaper with the announcement of the loss or a petition stating the situation.
2. The student information on the form must be filled in by computer and the signature fields must be signed with a blue ink pen.
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| T.C. Selçuk Üniversitesi Sağlık Bilimleri Enstitüsü Müdürlüğü Alaeddin Keykubad Yerleşkesi Yeni İstanbul Caddesi No:335 Selçuklu - KONYAE-posta: sagbil@selcuk.edu.tr Tel : +90 332 223 2453 & Fax : +90 332 241 05 51 |