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|  **T.C.****SELÇUK UNIVERSITY****INSTITUTE OF HEALTH SCIENCES** |

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| **STUDENT’S INFORMATION**  |
| **Name and Surname** | Click or tap here to enter text. |
| **T.R. Identity No** | Click or tap here to enter text. |
| **Date/Place of Birth** |  / Click or tap here to enter a date. |
| **Student Number**  | 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 |
| **Status** | [ ]  Lecture Period [ ]  Aptitude [ ]  Thesis Term |
| **Your Term M.D.** | 1. [ ]  2. [ ]  3. [ ]  4. [ ]  5. [ ]  6. [ ]  |
| **Your Term D.R.** | 1. [ ]  2. [ ]  3. [ ]  4. [ ]  5. [ ]  6. [ ]  7. [ ]  8. [ ]  9. [ ]  10. [ ]  11. [ ]  12. [ ]  |
| **Telephone**  | Click or tap here to enter text. |
| **Advisor** | Click or tap here to enter text. |
| **Residence address** | Click or tap here to enter text. |

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| **STUDENT** |
|  Since I want to execute my military service, I want my military service deferment to be canceled.I kindly request you to take necessary action. Click here to enter a date Student’s Name Surname SIGNATURE |

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| **ADVISOR**  |
|   It is within my knowledge that the student namely “name-surname”, whose identity information is given above and whom I am advising, will do his military service. Click here to enter a date Student’s Name Surname SIGNATURE |

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| **DESCRIPTION** |
| 1. This form must be filled in on the computer and signed with a blue ink pen.
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