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| **T.R.**  **SELÇUK UNIVERSITY**  **DIRECTORATE OF HEALTH SCIENCES INSTITUTE** |

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| **STUDENT INFORMATION** | | | | |
| **Name-Surname** | Click or tap here to enter text. | | | |
| **Student No** | 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** | | | |
| **Reason for Dismissal** | **Graduation** | | | |
| **Academic Year of Graduation** | Click or tap here to enter text. | | | |
| **GSM No** | Click or tap here to enter text. | | | |
| **Address** | Click or tap here to enter text. | | | |
| **I request that the graduation procedures be carried out and my diploma be prepared and given to me.**    **Student’s Name-Surname**  **SIGNATURE** | | | | |
| **INFORMATION and APPROVAL OF THE DEPARTMENT TO BE DISMISSED** | | | | |
| **UNIT NAME** | | **CONSIDERATIONS** | **DATE** | **APPROVED BY**  **NAME SURNAME**  **SIGNATURE** |
| **ADVISOR** | | **There is no problem in the graduation of the named student.** | **…../…../20…** |  |
| **DEPARTMENT** | | **There is no embezzled material belonging to our department on the named student.** | **…../…../20…** |  |
| **S.U. CENTRAL LIBRARY** | | **The named student does not have any embezzled materials belonging to our Library.** | **…../…../20…** |  |
| **EXPLANATION**   1. **Student ID Card** must be attached to this form. Those who have lost their student ID Card must attach the full page of the newspaper with the announcement of the loss or a petition stating the situation. 2. The student information in the form must be filled in by computer and the signature fields must be signed with a blue ink pen. | | | | |
| T.C. Selçuk Üniversitesi Sağlık Bilimleri Enstitüsü Müdürlüğü Alaeddin Keykubad Yerleşkesi Yeni İstanbul Caddesi No:335 Selçuklu - KONYA  E-mail: [sagbil@selcuk.edu.tr](mailto:sagbil@selcuk.edu.tr) Phone: +90 332 223 2453 & Fax: +90 332 241 05 51 | | | | |