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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 DegreeDoctorateNon-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. | | | | |
| T.C. Selçuk Üniversitesi Sağlık Bilimleri Enstitüsü Müdürlüğü Alaeddin Keykubad Yerleşkesi Yeni İstanbul Caddesi No:335 Selçuklu - KONYA  E-posta: [sagbil@selcuk.edu.tr](mailto:sagbil@selcuk.edu.tr) Tel : +90 332 223 2453 & Fax : +90 332 241 05 51 | | | | |