**DEPARTURE FORM**

**(Workplace letterhead)**

 **OMER HALISDEMIR UNIVERSITY**

**SCIENCE AND ART FACULTY DEANSHIP**

 The student number …………, who is member of the BIOTECHNOLOGY Department of the Science and Art Faculty left our Office / Institution without completing their internship due to ………………………………………………………………………………………………………………... I hereby submit to your information the SSI exit procedures to be carried out as of… /… / 20….

I present your requirement to your information.

 …/…/20…

 …….......…………..

 (Sign)

……………….……………………………………..

Title-Name Surname of the Internship Director