**T.R.**

**NİĞDE ÖMER HALİSDEMİR UNIVERSITY**

**GRADUATE SCHOOL OF EDUCATIONAL SCIENCES**

###  DISENROLLMENT REQUEST PETITION

I am a student of your institute with the following information. I want to disenroll.

I kindly request you to take necessary action

 **Date:      /** **/**

**Signature :**

**Student’s**

**Name and surname :**

**ID number :**

**Major Field of Study:**

**Discipline:**

**Program:**

**E-mail address :**

**Residence address :**

**Phone Mobile / Home / Work: / /**

|  |  |
| --- | --- |
|  **UNITS TO CONSENT DISENROLMENT** | **APPROVED** |
| **Directorate of the Department** |  |
| **Library and Documentation Department** |  |
| **Health, Culture and Sports Department** |  |

**Attachment: 1 STUDENT IDENTITY CARD**

**(Student ID Card will definitely be returned in the attachment.)**

**NOTE: This document will be filled in fully and signed by the relevant units and delivered to the Institute Student Affairs.**

**MISSING DOCUMENTS WILL NOT BE PROCESSED.**