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| **STUDENT DISENROLLMENT FORM** |

**T.R.**

**NİĞDE ÖMER HALİSDEMİR UNIVERSITY**

**DIRECTORATE OF GRADUATE SCHOOL OF EDUCATIONAL SCIENCES**

I am a student studying at your Department of …………………. with a student number ………..

I graduated in ………. semester in 20…-20… academic year.

I kindly request my graduation certification be submitted.

Permanent adress Student’s

……………………………. Signature :………………….

……………………………. Date :./…../20….

……………………………. Name-Surname :……………………

**HEAD OF THE DEPARTMENT AND SUPERVISOR INSTRUCTOR**

1. Above-mentioned student passed all courses at the end of ………. semester in 20…-20… academic year.

(S)he has become entitled to graduate from our institution.

Supervisor Instructor Head of the Department of……………………………

Signature :……………………. Signature :…………………….

Date :…./…../20…. Date :…./…../20….

Name-Surname :……………………… Name-Surname :………………………

**DEPARTMENTS OF LIBRARY AND DOCUMENTATION**

1. There is no book, journal, etc belonging to the Departments of Library and Documentation registered to the name of abovementioned student. There is no objection for the disenrollment from the Institution.

Library Authority’s

1 CD (Main Body CD)  1 Thesis / Term Project Book Signature: ………………………

Name-Surname: …………………….

**DEPARTMENT OF HEALTH, CULTURE AND SPORTS**

1. There is no document or material of the Department of Health, Culture and Sports registered to the name of abovementioned student. There is no objection for the disenrollment from the Institution.) ..../……/ 20….

Authority’s

Signature : …………………………………..

Name-Surname: …………………………………

**TO STUDENT ADMINISTRATION OFFICE (INSTITUTE SECRETARY ĞRENCİ İŞLERİ BÜROSUNA (ENSTİTÜ SEKRETERİ)**

1. There is no objection for the abovementioned student to receive his graduation certificate.

Kindly submitted for your information.) ……/……/20…..

Signature : ……………………………………

Name-Surname : ……………………………………..

Title : ………………………………………

**(STUDENT OR HIS PROXY (\*) WHO HAS RECEIVED THE DOCUMENTS)**

…………………………………………………………………………………………………………………………………………………………….

I have received the documents that I have written above.) ….../…../ 20…. Signature : ……………………………………

(\*) It should include a notarized proxy Name-Surname : ……………………………………..

**Student Affairs Officer Who Has Delivered the Document**

Name-Surname : ………………………………………………. Signature: ……………………………… ……/……/ 20 …..

NOTE: The students’ documents whose number 1, 2, 3,4 references lack, will not be put in process.