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TO İSTİNYE UNIVERSITY STUDENT REGISTRATION OFFICE,

I enrolled in the Department / Program of your University, whose details are specified below, on / /20

I want to study in the English Preparatory Program in the 20 /20 educational year.

I accept and declare that I will comply with the rules and practices of the English Preparatory School during my education at the English Preparatory School and that I do not have the right to give up / change the decision until the next semester after the English Preparatory School starts.

STUDENT'S NAME AND SURNAME

SIGNATURE

REGISTERED PROGRAM

FACULTY / VOCATIONAL SCHOOL NAME:

DEPARTMENT PROGRAM NAME:

DEPARTMENT / PROGRAM LANGUAGE OF EDUCATION:

STUDENT NO: