

**STUDENT INFORMATION**

"NAME SURNAME:

STUDENT NO:

CELL PHONE: (0 )

IDENTITY NO

E-MAIL:

FACULTY / VOCATIONAL / INSTUTE:

DEPARTMENT / PROGRAM:

ADRESSES:

REASON OF DEREGISTRATION:

DATE

SIGNATURE

UNIT OFFICE	EXPLANATION	UNIT CHIEF		
		NAME SURNAME	DATE	SIGNATURE
FACULTY / VOCATIONAL SCHOOL/ INSTUTE ADMINISTRATIVE CHIEF	NOT REGISTRATION			
ACADEMIC UNIT ADVISOR	NOT REGISTRATION			
LIBRARY	NOT REGISTRATION			
STUDENT CENTER/ ÖMER	NOT REGISTRATION			
INFORMATION SYSTEMS AND TECHNOLOGY DIRECTORATE /BST	NOT REGISTRATION			
STUDENT ACCOUNTING	NOT REGISTRATION			
INTERNATIONAL RELATIONS DIRECTORATE	NOT REGISTRATION			
REGISTAR'S OFFICE/ ÖKİD	NOT REGISTRATION			

**NOTE:** Student card and copy of ID card must delivered with this form.

The application for deregistration is made by ÖKİD in person or by notary public power of attorney.