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**TO ISTINYE UNIVERSITY STUDENT REGISTRATION DIRECTORATE,**

I declare the accuracy of my identity, address and contact information below, I accept the address and contact information I have specified in any notification to be made, and request the necessary arrangements to be made in the Student Communication System (OIS).

**STUDENT'S NAME AND SURNAME**

**SIGNATURE**

**STUDENT'S ADDRESS AND CONTACT INFORMATION**

**NAME AND SURNAME** :

**T.R. IDENTIFICATION NUMBER** :

**FACULTY / VOCATIONAL SCHOOL / INSTITUTE** :

**DEPARTMENT / PROGRAM** :

**STUDENT NUMBER** :

**HOME ADDRESS** :

**HOME PHONE** :

**BUSINESS ADDRESS (IF APPLICABLE)** :

**BUSINESS PHONE (IF APPLICABLE)** :

**MOBILE PHONE** :

**E-MAIL ADDRESS** :