

To The Manager Institute-Faculty- Vocational School;

Date

NAME-SURNAME : _____

STUDENT ID NUMBER : _____

LEVEL : _____

INSTITUTE-FACULTY-VOCATIONAL SCHOOL : _____

DEPARTMENT : _____

PHONE : _____

TERM FOR OFFICIAL LEAVE OF ABSENCE:

Academic Year:

Term : Fall Spring

Reason for Official Leave of Absence :

Study Abroad Military Service

Health Problems Irregular Status

Other (please specify): _____

Have you been on official leave of absence before ?

Yes No

.....
STUDENT'S SIGNATURE

Note: Within the framework of "Istinye University Administrative and Financial Procedures and Principles to Be Applied to Associate and Undergraduate Students" and "Istinye University Administrative and Financial Procedures and Principles to Be Applied to Graduate Students" your registration freeze will take place.

Institute-Faculty- Vocational School Executive Board Decision Date, No

Directorate of Finance Affairs, Date