………/ ……… / …...

**İSTİNYE UNIVERSITY**

**TO THE REGISTRAR OFFICE**

I am a student of .......................... Faculty/ Vocational School, ................................... department. I approve my enrollment in the double major / minor program

Regards

|  |  |  |
| --- | --- | --- |
| Name Surname | : |  |
| Student Number | : |  |
| Double Major Program | : |  |
| Minor Program | : |  |
| Signiture | : |  |