

**STUDENT INFORMATION**

**NAME SURNAME:**

**STUDENT NUMBER:**

**CELL PHONE: (0 )**

**E-MAIL:**

**FACULTY / VOCATIONAL / INSTUTE:**

**DEPARTMENT / PROGRAM:**

**ADDRESS:**

**REASON OF DEREGISTRATION:**

**DATE**  
**SIGNATURE**

	DEPARTMENT	EXPLANATION	NAME SURNAME	DATE	SIGNATURE
1	CAREER CENTER	APPROVAL			
2	ACADEMIC ADVISOR	APPROVAL			
3	LIBRARY	APPROVAL			
4	INFORMATION SYSTEMS AND TECHNOLOGY DIRECTORATE (BST)	APPROVAL			
5	STUDENT ACCOUNTING OFFICE	APPROVAL			
6	REGISTAR'S OFFICE (ÖKİD)	APPROVAL			

**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.**