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TO İSTİNYE UNIVERSITY STUDENT REGISTRATION DIRECTORATE,

I am a student at the Faculty of _____ Department of _____
with the ID number _____. I would like to request that necessary action be taken to cancel my enrollment in the
program below, where I continue my minor education.

STUDENT'S NAME AND SURNAME

SIGNATURE

FACULTY:

MINOR PROGRAM:

ACADEMIC YEAR STARTED IN MINOR: