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**ISTINYE UNIVERSITY TO STUDENT REGISTRATION DIRECTORATE,**

I study at

Faculty / Vocational School

Department / Program with student number ,

. I kindly request that the necessary action be taken to cancel

my enrollment from the program below, where I am continuing my double degree education.

**STUDENT'S NAME AND SURNAME**

**SIGNATURE**

**FACULTY / VOCATIONAL SCHOOL NAME:**

**DOUBLE MAJOR PROGRAM NAME:**

**THE ACADEMIC YEAR DOUBLE MAJOR STARTED:**