



ALANYA
UNIVERSITY

DATE:

T.C.

TO THE RECTORATE OF ALANYA UNIVERSITY

I am a _____ year student at your university, Faculty of _____
_____, Department of _____, with the student ID number
_____. Because _____,

I want to terminate my registration at the university voluntarily.

Kindly submitted for your information.

Name - Surname:

Signature:

ADDRESS:

Phone Number: