



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 temporarily suspend my registration for _____ semester/semesters.

Kindly submitted for your information.

Name - Surname:

Signature:

Attachment: Tuition Fee Receipt, if any

ADDRESS:

Phone Number: