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**T.C.  
ISTANBUL GEDİK UNIVERSITY  
DIRECTOR OF THE INSTITUTE OF .....  
DISENROLLMENT FROM**

**I am in the .....  
Graduate/ Ph. D. Program student. The reason I want to end my studentship in this university  
.....**

**STUDENT**

**Name and Last Name:.....**

**Signature**

**PRESİDENCY OF DEPARTMENT**

*Name and Last Name:.....*

*Signature*

**THESIS/PROJECT SUPERVISOR**

*Name and Last Name:.....*

*Signature*

**DEPARTMENT OF FINANCIAL AFFAIRS**

*Responsible Staff*

*Name and Last Name.....*

*Signature*

*Comment :.....*

.....

**DEPARTMENT OF STUDENT AFFAIRS**

*Responsible Staff*

*Name and Last Name:.....*

*Signature*

*Comment:.....*

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