



...../...../20.....

T.C.
ISTANBUL GEDİK UNIVERSITY
GRADUATE LEAVE OF ABSENCE FORM

Student Name Surname :

Student ID :

Student's Signature :

Program/Level of Program :...../.. **Master** **Ph.D**

Semester of Leave of Absence

Academic Year (20.....-20.....) : **Fall Semester** **Spring Semester**

The Reason for Leave of Absence:

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FINANCIAL AFFAIRS APPROVAL

LIBRARY APPROVAL

Staff in Charge of
Name Surname:
Signature:

Staff in Charge of
Name Surname:
Signature:

Explanation:.....
.....

Explanation:.....
.....

STUDENTS AFFAIR
(GRADUATE) APPROVAL

PRESIDENT OF MAIN
BRANCHES OF SCIENCE

Staff in Charge of Name Surname:

Name Surname:

Signature:

Signature:

Explanation:.....
.....

THESIS SUPERVISOR
APPROVAL

APPROVAL OF INSTITUTE

Name Surname:

Number of Board Decision :.....

Signature:

Date of Board Decision :...../...../20....

Note: The requests that have not received the Financial Affairs Office's approval will be invalid.