**……/……/20…..**

T.C.

ISTANBUL GEDIK UNIVERSITY

 **THE INSTITUTE OF GRADUATE STUDIES**

**GRADUATE LEAVE OF ABSENCE FORM**

**Student Name Surname :**

**Student ID :**

**Student’s Signature :**

Program/Level of Program /..

**Semester of Leave of Absence**

Master

Ph.D

Academic Year (20….-20.....) :

Fall Semester

Spring Semester

**The Reason for Leave of Absence:**

………………………………………………………………………………………………………

……………………………………………………………………………………………………...

FINANCIAL AFFAIRS APPROVAL

Staff in Charge of Name Surname:

Signature:

Explanation:………………………………..

…………………………………………....

LIBRARY APPROVAL

Staff in Charge of Name Surname:

Signature:

Explanation:………………………………..

…………………………………………....

STUDENTS AFFAIR (GRADUATE) APPROVAL

Staff in Charge of Name Surname: Signature: Explanation:………………………………..

…………………………………………....

PRESIDENT OF MAIN BRANCHES OF SCIENCE

Name Surname: Signature:

THESIS SUPERVISOR APPROVAL

Name Surname: Signature:

APPROVAL OF INSTITUTE

Number of Board Decision :……….

Date of Board Decision :…./…../20….

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