



T.R.
ISTANBUL MEDIPOL UNIVERSITY
DIRECTORATE OF
WITHDRAWAL FORM (*)

Name Surname			
Department/Program			
Student Number			
Contact Information <ul style="list-style-type: none">• Correspondence Address• Phone• E-mail			
Reason for Leaving	Graduation <input type="checkbox"/>	Cancelling Registration <input type="checkbox"/>	Transfer <input type="checkbox"/>
Returned Papers/Documents	Student Card <input type="checkbox"/>	Other <input type="checkbox"/>	Parking Permit <input type="checkbox"/>
Registration Date to Alumni Information System/...../20...	Signature	
I confirm that the information given in this form is true, complete and accurate.	Date/...../201...	

The Department to be Withdrawn	The Official Who State That the Student Withdrew		
	Name Surname	Date	Signature
Secretariat of the Department/Program			
Department of Health, Culture and Sports			
Department of Library and Documentation			
Department of Administrative and Financial Affairs			
Department of Information Technologies			
Directorate of Student Dormitories			
..... Advisor Head of the Department (School / Institute) Secretary of the Institute/School/ Vocational School	

(*):This form should be delivered to the secretariat of the related department/program by the student.