

**T.C.
İSTANBUL MEDİPOL UNIVERSITY**

..... DEANSHIP/DIRECTORATE

STUDENT DISENGAGEMENT DOCUMENT (*)

The Student To-Be-Disengaged's			
Name – Surname			
Department/Division/Programme			
Student Number			
Contact Information <ul style="list-style-type: none"> • Notification Address • Phone • E-mail 			
Disengagement Purpose	Graduation <input type="checkbox"/>	Unregistration <input type="checkbox"/>	Transfer <input type="checkbox"/> His/Her will <input type="checkbox"/>
Returned Documents	Student ID Card <input type="checkbox"/>	Other <input type="checkbox"/>	
Graduate Tracking Form	Filled <input type="checkbox"/>	Unfilled <input type="checkbox"/>	
Graduate Information System Entry Date (Date of completion of the Graduate Tracking Form)/...../20....	Signature	
I declare that the information stated above is correct.		Date/...../20.....

Unit to Be Disengaged From	The authorised person who has declared that the student is not affiliated			Unit's Location
	Name – Surname	Date	Signature	
Department/Division/Programme Secretariat				
Department of Health, Culture and Sports				South Campus A Block Floor:B2
Department of Library and Documentation				South Campus D Block Floor:6 A Block Floor: B2 North Campus C Block Floor:Ground
Department of Administrative and Financial Affairs				South Campus A Block Floor:B2

Department of Information Technologies				South Campus A Block Floor:B1 North Campus C Block Floor:1
Student Dormitories Directorate (For those living in the Campus Dormitory)				North Campus D Block Floor:Ground
Career Centre				South Campus A Block Floor:B2
..... Advisor Department/Division/Programme (Institute/Faculty/Vocational School) Institute/Faculty/Vocational School Secretary		

(*): This document, which is completed by the student, must be submitted to the Unit Secretariat for the finalisation of the disengagement process.