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| **ou_logo(a)** | **APPLICATIONS FOR WITHDRAWAL FROM UNIVERSITY** | **FORM\_OH\_320\_03\_01****VERSION 1** |

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| I want to withdraw from university. Please see my reason below.  |
| Student Number |  |
| Name Surname |  |
| Faculty / School / Institute |  |
| Program |  |
| Level | [ ]  English Preparatory | [ ]  Undergraduate | [ ]  Scientific Preparatory | [ ]  Master’s | [ ]  Doctorate |
| Mobile Phone Number |  |
| Other Phone Number |  |
| E-mail Address(Other than OzU Address) |  |
| Signature |  | Date (day/month/year) ……..… /…. ……../………. |

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| **REASON FOR WITHDRAWAL** |
| Please indicate your reason for withdrawal by marking **(X)** the relevant box. You can mark more than one box. |
| [ ]  | Academic Failure | [ ]  | Completing the maximum period of study |
| [ ]  | Change in Residency | [ ]  | Military Service |
| [ ]  | Dissatisfaction | [ ]  | Transportation |
| [ ]  | Education Abroad | [ ]  | Preparing for University Entrance Exams |
| [ ]  | Family Related | [ ]  | Work Related |
| [ ]  | Financial | [ ]  | Health Issues |
| [ ]  | Lateral Transfer (Other Institutions) (Please indicate the University) |  |
| [ ]  | Placement to a Turkish Medium Program(Please indicate the University) |  |
| [ ]  | Registration to Another University(Please indicate the University) |  |
| [ ]  | Other(Please indicate the reason) |  |

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| **ADVISOR INFORMATION** |
| Name Surname |  |
| Opion |  |
| Signature  |  | Date (day/month/year) ……..… /…. ……../………. |

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| --- |
| **Student Services Staff** |
| Name Surname |  |
| Signature |  | Date (day/month/year) ……..… /…. ……../………. |