**TO THE DEAN OF FACULTY OF AERONAUTICS AND ASTRONAUTICS**

I request that my payment of ……………….. to be transferred to the bank and account number stated below.

 Sincerely

****

**Name Surname :**

**T.R. Citizen Identity Number:**

**Student Number :**

**Fac./College/Department/ Prog. :**

**Class :**

 ***Student’s personal account number***

**Bank’s Name/Branch :**

**IBAN Number :**

**Phone Number :**

**Mobile Phone Number :**

**Date :**

**Signature :**

**THE PART BELOW WILL BE FILLED BY THE STUDENT AFFAIRS OFFICE**

The amount to be returned/transferred (in numbers and letters):…………………………………………….

 :…………………………………………….

Paraph :……………………………………………..

Signature/Seal  **:……………………………………………..**

**THE PART BELOW WILL BE FILLED BY THE HEAD OF THE STUDENT AFFAIRS OFFICE**

**Suitable / Not Suitable.**

**Signature/Seal :……………………………………………..**