# TO THE DEAN’S OFFICE OF FACULTY OF AVIATION AND AERONAUTICAL SCIENCES

I would like to take a leave of absence from the University due to the reason I have specified below

**Student’s;**

|  |  |
| --- | --- |
| Name-Surname |  |
| ID number |  |
| Student ID number |  |
| Department |  |
| For how long do you wish to take a leave of absence? |  |
| Mobile Number |  |
| Adress |  |

Signature

 **.......................**

REASON FOR LEAVE OF ABSENCE**:**

 Medical Reasons

 Military Service

 Financial and Family Reasons

 Other

Please spesify:…………………………………………………………..……………

|  |  |
| --- | --- |
|  | Supporting Documents |
|  | Health Document |
|  | Low Income Document |
|  | Detention document |
|  | Military Status Document |
|  | Other reasons |

Iskenderun Technical University Undergarduate and Two-Year Program Examination Regulation

**Article 31 –** (1)If students on leave of absence don’t register for an approved reason, due to the regulation all their rights and the scholarships they gain will be preserved for two semesters except legal obligations.Such leave of absence periods are added to the maximum period of education.