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

I want to leave the following course / courses that I have chosen at the beginning of the

......... / ........ Academic Year fall / spring semester.

I hereby submit to your information.

**Student’s;**

|  |  |
| --- | --- |
| ID Number |  |
| Name- Surname |  |
| Student ID |  |
| Department |  |
| Class |  |

**Dropped Course / Courses;**

|  |  |  |
| --- | --- | --- |
| **Code** | **Name** | **(T+P)** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **TOTAL** | |  |

STUDENT SIGNATURE ADVISOR APPROVAL

DESCRIPTIONS

Withdrawal from the course (from one course) students took at the beginning of the semester can be withdrawn from the course within the period specified in the academic calendar, with the approval of the advisor, instead of taking a course.