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

I hereby request the withdrawal of my registration for the following reason/reasons.

**Student’s;**

|  |  |
| --- | --- |
| Name and Surname |  |
| ID Number |  |
| Department  |  |
| Student ID Number |  |
| Telephone number |  |
| Adress |  |

**Signature**

Reasons for Withdrawal:

OAt my own request

O For Military service

O Health problems

O Financial and family problems

O Another University

O Failure

O Natural Disasters

Other:……………………………………………………………

Iskenderun Technical University Undergarduate and Two-Year Program Examination Regulation

**Article 32 –** (1) Students apply to the Student Affairs personally and cancel their registration .