

**Form 3: Enrollment Suspend Form**



**T.C.  
HALIÇ UNIVERSITY  
FACULTY OF BUSINESS ADMINISTRATION**

**Name-Surname** : \_\_\_\_\_  
**Student ID No.** : \_\_\_\_\_  
**Department** : \_\_\_\_\_  
**Semester** : Fall ( ) Spring ( )  
**E-mail** : \_\_\_\_\_  
**Tel. No** : \_\_\_\_\_  
**Date** : \_\_\_\_\_

**Reasons for Suspension**

( ) Study Abroad ( ) Military  
( ) Health ( ) Financial and Family Reasons

( ) Other : \_\_\_\_\_

**Have you ever requested a suspension before?**

( ) Yes ( ) No

Due to the reason(s) I have stated above, I request to suspend my registration in the relevant semester(s).

Respectfully submitted for your information.

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**STUDENT SIGNATURE**