

Form 4: Disenrollment Application Form



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

Name-Surname : _____
Student ID No. : _____
Department : _____
E-Mail : _____
Phone Number : _____
Date : _____

Reason for Disenrollment

Study Abroad Military Service Undergraduate Transfer
 Health Problem Financial and Private Reasons ÖSYM Exam
 Other : _____

I request my disenrollment for the reason/reasons I have stated above.

Thanking you in advance for your attention to this matter.

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**STUDENT
SIGNATURE**