T.C

ANKARA MEDIPOL UNIVERSITY
FACULTY OF ECONOMICS, ADMINISTRATIVE AND SOCIAL SCIENCES

De-registration/ Disenrollment Petition Form

I am a student of your Faculty, Department of ……, with student number …….. For the reasons stated below, I respectfully request the termination of my enrollment and the deletion of my account at your university, upon my own request.

I respectfully submit my request for necessary action.

……/…./……
Signature

STUDENT INFORMATION (Please fill in all fields.)	
Residence ID Number or T.C. ID Number	99……..
Full Name	
Mobil Phone	
E-mail Address	
Current Residential Address	

REASON FOR De-registration/ Disenrollment (Please mark at least one option.)		
☐ Financial	☐ Family	☐ Prefer not to specify
☐ Military Service	☐ Health	☐ Other (Please explain below.)