T.C

ANKARA MEDIPOL UNIVERSITY

FACULTY OF ECONOMICS, ADMINISTRATIVE AND SOCIAL SCIENCES

FREEZE PETITION FORM

I am a student of your Faculty, Department of ……..., student number …….. Due to the reasons stated below, I kindly request that my registration be frozen for the ……. - ……. academic year, …….. semester, 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	……..
Full Name	
Mobil Phone	
E-mail Address	
Current Residential Address	

REASON FOR FREEZING REGISTRATION (Please mark at least one option.)		
☐ Financial	☐ Family	☐ Prefer not to specify
☐ Military Service	☐ Health	☐ Other (Please explain below.)