



Deferment Application Form

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Student	Name-Surname:
	Number:
	Department :
	On Scholarship? : Yes <input type="checkbox"/> No <input type="checkbox"/>
	E-Mail :
	Tel : GSM:
	Deferment Semester:
	Reason of Deferment : I want to use my total one (1) free-of-charge right to defer my study for one semester. Yes <input type="checkbox"/> No <input type="checkbox"/>

I declare I am informed that the application of this Academic Study Deferment to the Faculty does not cover financial matters and that the deferment of the financial registration is subject to the decision of the Rectorate and that I will personally be obliged to follow up the financial transactions if my academic study deferment is accepted.

Signature:

Number of Previously Taken Semester Leaves:

Advisor's Detailed Comment:

Name, Surname:

Signature: