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T.C.

**ISTANBUL GEDIK UNIVERSITY**

**THE INSTITUTE OF GRADUATE STUDIES**

I am in the …………………………......…..........…................................................................

Graduate/ Ph. D. Program student. The reason I want to end my studentship in this university ……………………………………………………………………………………..

**STUDENT**

Name and Last Name:………………………….......

Signature

**PRESİDENCY OF DEPARTMENT**

*Name and Last Name:………………..……………….*

*Signature*

**THESIS/PROJECT SUPERVISOR**

*Name and Last Name:…………………………………*

*Signature*

**DEPARTMENT OF FINANCIAL AFFAIRS DEPARTMENT OF STUDENT AFFAIRS**

*Responsible Staff Responsible Staff*

*Name and Last Name………………………………. Name and Last Name:*

*………………………*

*Signature Signature*

*Comment :………………………………………………*

*Comment:………………………………............*

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