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**T.C.  
ISTANBUL GEDİK UNIVERSITY  
DIRECTOR OF THE INSTITUTE OF .....**

**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  
AFFAIRS**

*Responsible Staff*

*Name and Last Name.....  
.....*

*Signature*

*Comment :.....*

*Comment:.....*

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**DEPARTMENT OF STUDENT**

*Responsible Staff*

*Name and Last Name:*

*Signature*