

ASSOCIATE DEGREE DIPLOMA REQUEST

To: Dean's Office, Faculty of Economics and Administrative Sciences, Munzur University

I am a student of your department, student number ....., named .....

I have successfully completed all courses in the 1st and 2nd year programs.

In accordance with Article 35 of the Munzur University Associate and Undergraduate Education Regulation, I request the cancellation of my registration and the issuance of my Associate Degree Diploma.

Respectfully submitted.

Name – Surname:

Signature:

Address:

Phone:

E-mail: