

REPUBLIC OF TÜRKİYE

MUNZUR UNIVERSITY

TO THE DEAN'S OFFICE OF THE FACULTY OF ECONOMICS AND ADMINISTRATIVE
SCIENCES

Date: / /

Within the scope of the legal provisions on which the Associate and Bachelor's Degree
Education–Teaching Regulation of Munzur University is based, I request to exercise my right to
withdraw from the course as specified below.

I acknowledge and accept that if I withdraw from a compulsory course, I am required to take the
same course again; if I withdraw from an elective course, I must take either the withdrawn course or
another elective course; and if I withdraw from a departmental elective course, I must take either
the withdrawn course or another departmental elective course.

I respectfully submit this request.

Faculty:

Department:

T.R. ID No.:

Address:

Phone:

Name – Surname:

Signature:

Course Withdrawal Information

Academic Year:

Semester:

Course Code and Title:

Unit and Department Offering the Course:

Reason for Withdrawal:

Advisor's Approval

Advisor's Name – Surname:

Signature:

Date: