

Date ../.../20...

İSTANBUL TOPKAPI UNIVERSITY  
REGISTRATION SUSPENSION FORM

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FACULTY / VOCATIONAL SCHOOL / INSTITUTE

Student's Name and Surname :

Student Number :

Faculty / Institute / Vocational School :

Associate Degree  Bachelor's Degree  Master's Degree  Ph.D.

Name of the Department / Program Enrolled:

Period of Suspension: Academic Year (20...-20...)

Fall Semester  Spring Semester

Reason for Registration Suspension:

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.....

Respectfully yours,

Student's Name and Surname  
Phone Number  
Signature

Approval of the Student Accounting and  
Collections Department

RESPONSIBLE STAFF

Name and Surname

Signature

Explanation .....

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**Note:** Please read the relevant article of the Associate and Undergraduate Education and Training Regulation. (Article 31 - Leave of Absence)

Please read the relevant article of the Postgraduate Education and Training Regulation. (Article 32 - Leave of Absence)