

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

**İSTANBUL TOPKAPI UNIVERSITY  
DISENROLLMENT 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:

Reason for Disenrollment:

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Respectfully yours,

Student's Name and Surname  
Phone Number  
Signature

Approval of the Student Accounting and  
Collections Department

Approval of the International Students  
Department

RESPONSIBLE STAFF

RESPONSIBLE STAFF

Name and Surname

Name and Surname

Signature

Signature

Explanation .....

Explanation .....

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**Note:**

**Please read the relevant article of the Associate and Undergraduate Education and Training Regulation. (Article 30 - Disenrollment)**

**Please read the relevant article of the Postgraduate Education and Training Regulation. (Article 33 – Disenrollment)**