			- /				1					
			./				/					

## T.C. ISTANBUL AYDIN UNIVERSITY DIRECTOR OF THE INSTUTE OF SOCIAL SCIENCES

I am in the	want to end my studentship in this university								
	STUDENT								
Name a	Name and Last Name:								
Signatul	re								
PRESIDENCY OF DEPARTMENT									
Name and Last Name:									
Signature									
THESIS/PROJECT SUPERVISOR									
Name and Last Name:									
Signature									
DEPARTMENT OF FINANCIAL AFFAIRS	DEPARTMENT OF STUDENT AFFAIRS								
Responsible Staff	Responsible Staff								
Name and Last Name	Name and Last Name:								
Signature	Signature								
Comment:	Comment:								