**PETITION FOR CANCELLATION OF REGISTRATION**

Date: …./…/20…

|  |  |
| --- | --- |
| **Student Information** | |
| Student Number |  |
| Name, Surname |  |
| Program |  |
| Level of Program | Master Without Thesis  Master With Thesis  Phd |
| Contact Information | E-Mail :  Phone : |

I respectfully request to cancel my registration in …………………………..…. program from …./…. Fall / Spring semester.

Your immediate attention to this matter is appreciated.

Student

Name Surname :

Signature :

**Attachment:** Cancellation of Registration Printout