

TO  
T.R. BEYKOZ UNIVERSITY

..... Rectorate/ College/ Vocational School Directorate

**SUSPENSION OF STUDIES APPLICATION FORM**

**Student's,**

Name Surname	
Student Number	
Faculty / Institute / School	
Department / Program	
Phone Number	
Address	
Academic Year for Suspension of Studies	
Semester for Suspension of Studies (Tick the relevant box)	Fall <input type="checkbox"/> Spring <input type="checkbox"/> Fall + Spring <input type="checkbox"/>

I kindly request to suspend my studies due to the excuse I stated below.

Kindly submitted for necessary action.

**Signature**

.....

**Excuse to Suspend Studies:**

- ☐ Health Problems
- ☐ Military Service
- ☐ Financial and Private Reasons
- ☐ Other Excuses.....

Form No	Revision Date	Revision No	Publication Date	Pages
GS.OIM.F.08	26.05.2017	001	3.07.2017 **	1/1

The currency of this document is only valid on the “**PUBLICATION DATE.**”

**\*\* PLEASE VISIT THE WEB FOR THE CURRENT DOCUMENT\*\***