T.C.

BEYKOZ UNIVERSITY RECTORATE

(Student's Affairs Directorate)

……/……/……..

STATUS DOCUMENT FOR TRANSFER

Student number :……

TC Identification number:……

Name and surname :……..

Faculty / Vocational School: .....

Program: .....

Telephone:……..

There is no objection by our unit in the horizontal transfer of the student whose identity has been written above.

DIRECTORATE	**DATE**	**TITLE** **NAME AND SURNAME** **SIGNATURE**
Financial Affairs Directorate		
IT Directorate		
Library and Documentation Directorate		
Health Culture and Sports Directorate		
Student's Affairs Directorate		

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