EDUCATION FREEZING REQUEST

EDUCATION PREEEING REQUEST				
I. STUDENT INFORMATION				
First Name :			Surname :	
Student ID:	Faculty:	FAE / FEAS	Depar	rtment :
Contact Adress :				
Phone:				
e-mail:				
II. REQUEST				
To: Dean of				
Due to my excuse I kindly request to fr	eeze my eo	ducation right for th	e here under re	asons.
Sincerely				
Academic Year:				
Term :				
Reasons :				0. 1 0.
				Student's Signature:
				Date:
Attachment: Document of excuse				
				Registrar's Office use Only
				Date :
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