

 TED ÜNİVERSİTESİ	ERASMUS+ STUDENT MOBILITY FOR STUDIES WITHDRAWAL REQUEST FORM			
	Document Number	Release Date	Rev. No / Rev. Date	Page Number
	KYS-FR-36	07.05.2021	0/-	11

STUDENT INFORMATION	
Name Surname	
Student Number	
Faculty/School	
Department	
Grade	
Program	<input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate <input type="checkbox"/> Doctorate
Address	
e-Mail	
Phone	

I have been selected to study at the [University name] in [Country name] for the Fall/Spring [Choose one] Semester of the 2023/2024 Academic Year as part of the Erasmus+ Programme Student Mobility for Studies.

However, due to, I would like to waive my right to participate in the Erasmus+ Programme. I understand that this right cannot be transferred to another academic year.

I submit this requisition for your kind approval.

Date	.././20..
Name Surname	
Signature	

UNCLASSIFIED

** When filled out, it becomes a "Confidential" document.*