



ÇANKAYA ÜNİVERSİTESİ
FEN BİLİMLERİ ENSTİTÜSÜ

FORM FBE -9
PERMISSION REQUEST PETITION

TO THE DEPARTMENT OF

I am the semester student of the Master Program with/without thesis of.....in your department with the number of I want to freeze my education process for..... semester/s from the semester of academic year pursuant to the document given below in the attachment.

Kindly submitted for necessary action.

...../...../20.....

.....
(Ad, Soyad, İmza)

Adress:

.....
.....
.....
.....

Telephone:

Home:.....

Office:.....

e-mail:

.....@.....

THE REASON OF THE EXCUSE:

Attachments: Excuse Documents (..... page/s)

Bank receipt showing that registration freezing fee is paid