



Izmir Institute of Technology Rectorate  
To the Department of Student Affairs Directorate

As a student enrolled in your institute, for the reason stated below, I would like to withdraw from the university of my own accord. I request that the necessary actions be taken to cancel my registration.

Name Surname:

Date:

Signature:

T.R. Identity No :

Faculty / Institute :

Department / Program:

Student No:

Reason for withdrawal:

Institution to which student transferred (if applicable):

Tel:

Address:

(You must turn in your Student ID card along with the Withdrawal Petition.)