Date : … / … / ……

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| I am a student of the Master's /Doctoral program of .............…………………………………….…. of the Graduate Education Institute Directorate of your University. My education and contact information are indicated below.I kindly request the suspension of my registration.

|  |  |
| --- | --- |
| **Name Surname** |  |
| **R.T. ID No** |  |
| **Student No** |  |
| **Program Title** |  |
| **Program Type*****(For example: Master's Degree with Thesis, Master's Degree Non-Thesis, PhD)*** |  |
| **Academic Year and Semester for the Request of Registration Suspension** ***(For example: 2021-2022 Academic Year, Fall or Spring Semester)*** |  |
| **Signature** |  |

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