Date : … / … / ……

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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** |  | | | |
|  |  |  |