 **T.C.**

**YEDİTEPE UNIVERSITY**

**INSTITUTE of HEALTH SCIENCES**

**DECLARATION**

I have been enrolled as a special student in ..................................................................... Master / PhD program of Yeditepe University Institute of Health Sciences Spring semester of 201…**-**201.. educational calendar. I agree to bring my missing documents in two semester (one educational year) from the date of registration, otherwise I declare that I will accept termination of my special student status.

*Signature*

 **Name-Surname :**........................

 **Date :** ............. / ........... / ...........

**Address :**

**e-mail :**

**Tel :** 0

**The Missing Documents:**

**1-**

**2-**

**3-**