

**YEDİTEPE UNIVERSITY**

**INSTITUTE OF HEALTH SCIENCES**

**WITHDRAWAL FORM**

**…../…../201..**

Name of Department : ………………………………………………………………………………………

Name of Program : Master [ ]  Ph.D [ ]

Name-Surname of Student : ………………………………………………………………………………………

Student Number : ………………………………………...............Signature of Student: ……………………

|  |  |
| --- | --- |
| Academic Advisor’s Approval :  | Suitable [ ] Non-suitable [ ]  Explanation : ……………………...........................................  Signature : …………………… |

**Courses**

|  |  |  |
| --- | --- | --- |
| **No** | **Code of Course**  | **Name of course** |
| **1** |  |  |
| **2** |  |  |
| **3** |  |  |

NOTE: The withdrawal can not be accepted when the grades is lower than CC for Master program, lower than CB for Ph.D and taken W grade for repeated course.

|  |  |  |
| --- | --- | --- |
| Approval of Head of the Department : | Suitable [ ]  |  Non-suitable [ ]  |

Head of Department

 Signature

Date

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**Appendix:** Weekly Course Output