

**YEDİTEPE ÜNİVERSİTESİ**

**INSTITUTE OF HEALTH SCIENCES**

**OFFICIAL LEAVE OF ABSENCE FORM**

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| --- |
| **STUDENT** |
| **Name-Surname of Student** |  |
| **Student’s Number**  |  |
| **Telephone number / e-mail** |  |
| **Name of Department** |  |
| **Reason for Official Leave of Absence** |  |
| **Term for Official Leave of Absence** | **20.…/20…. Academic Year****Spring Fall**  |

……/……/202… Signature of Student : ......................................

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

|  |  |  |  |
| --- | --- | --- | --- |
| The status of student for course substitution: | Transfered Student [ ]  | Special Student [ ]  |  Other [ ]  |

|  |  |  |
| --- | --- | --- |
| Department Manager’s Approval | Suitable [ ]  |  Non-suitable [ ]  |

Department Manager

 Signature

 Date