

**YEDİTEPE ÜNİVERSİTESİ**

**INSTITUTE OF HEALTH SCIENCES**

**OFFICIAL LEAVE OF ABSENCE FORM**

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