|  |  |  |
| --- | --- | --- |
| Surname / Name | | / |
| Faculty / Department | | / |
| Student ID No | |  |
| E-mail | |  |
| Phone Number (Home) | |  |
| Mobile Number | |  |
| **STUDY ABROAD PERIOD AT HOST UNIVERSITY** | | |
| Host University | |  |
| Period of Exchange | | FALL SPRING |
| **ATTACHMENTS** | | |
| Bank Receipt (This document should to be provided, if the Erasmus grant has already been transferred to the student’s bank account.) | | |
| **REASONS FOR WAIVER (Brief explanation)** | | |
|  | | |
| **STUDENT SIGNATURE** I hereby confirm that I am withdrawing my right to become an Erasmus Student along with my priorities attached to this petition. I also acknowledge that my Erasmus Student Mobility Program Grade will be decreased by 10 points during my whole studentship at Işık University if my reason is not considered as imperative to withdraw from the mobility. | | |
| **Date**      /     / | **Signature**  **………………………..** | |