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| REQUEST FORM FOR WITHDRAWAL OF GLOBAL ABROAD PERIOD |

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| **PERSONAL INFORMATION** |
| Surname / Name |  |
| Faculty / Department |  |
| Student ID No |  |
| E-mail |  |
| Phone Number (Home) |  |
| Mobile |  |
| **STUDY ABROAD PERIOD AT HOST UNIVERSITY** |
| Host University |  |
| Period of Admission | ￼[ ]  |
| **ATTACHMENT** |
| [ ]   |
| **REASON FOR RELINQUISHMENT (Brief explanation)** |
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| **STUDENT SIGNATURE** I hereby confirm that I am withdrawing my right to become an Erasmus Student along with my priorities attached to it. I also acknowledge that my Erasmus Grade will be decreased by 10 points if the I will lose my right to apply for Erasmus Student Mobility Program (excluding Erasmus Work Placement) during my whole studentship at Altınbaş University, if my reason is not considered as an imperative to withdraw. |
| **Date**            | **Signature:** |
| **CONFIRMATION OF THE DEPARTMENTAL ERASMUS COORDINATOR** | **CONFIRMATION OF THE HEAD OF DEPARTMENT** |
| **Surname / Name** |  | **Surname / Name** |             |
| **Date / /** | **Signature****…………………** | **Date / /** | **Signature****……………………..** |
| **CONFIRMATION OF THE INSTITUTIONAL ERASMUS+ COORDINATOR** |
| **Surname / Name** |             |
| **Date** **/ /**  | **Signature****----------------------------------------------------** |