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|  **T.R.****SELÇUK UNIVERSITY****DIRECTORATE OF HEALTH SCIENCES INSTITUTE** |

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| **STUDENT INFORMATION** |
| **Name-Surname** | Click or tap here to enter text. |
| **Student No** | Click or tap here to enter text. |
| **T.R. Identity No** | Click or tap here to enter text. |
| **Department** | Click or tap here to enter text. |
| **Program** | [ ]  **Master’s Degree**  |
| **Reason for Dismissal** | [ ]  **Graduation**  |
| **Academic Year of Graduation** | Click or tap here to enter text. |
| **GSM No** | Click or tap here to enter text. |
| **Address** | Click or tap here to enter text. |
| **I request that the graduation procedures be carried out and my diploma be prepared and given to me.****Student’s Name-Surname****SIGNATURE** |
| **INFORMATION and APPROVAL OF THE DEPARTMENT TO BE DISMISSED** |
| **UNIT NAME** | **CONSIDERATIONS** | **DATE** | **APPROVED BY****NAME SURNAME****SIGNATURE** |
| **ADVISOR** | **There is no problem in the graduation of the named student.** | **…../…../20…** |  |
| **DEPARTMENT** | **There is no embezzled material belonging to our department on the named student.** | **…../…../20…** |  |
| **S.U. CENTRAL LIBRARY** | **The named student does not have any embezzled materials belonging to our Library.** | **…../…../20…** |  |
| **EXPLANATION** 1. **Student ID Card** must be attached to this form. Those who have lost their student ID Card must attach the full page of the newspaper with the announcement of the loss or a petition stating the situation.
2. The student information in the form must be filled in by computer and the signature fields must be signed with a blue ink pen.
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