

**ÖZYEĞİN UNIVERSITY**  
**DEAN'S OFFICE of THE FACULTY OF APPLIED SCIENCES**  
Çekmeköy, Istanbul

**Date:**

**Subject:**

**Signature :**

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***Student's;***

Name, Surname :

Number :

Department :

Phone :

e-mail address :

Academic Advisor :

**Note:** If all required information are not made available, the petition will not be processed.