****

**T.C.**

**YAŞAR UNIVERSITY**

**REQUEST FOR LEAVE OF ABSENCE**

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| **STUDENT INFORMATION** |
| **Name / Surname** | **Name / Surname** |
| **Student No** | **Student No** |
| **Faculty / School – Department** | **Faculty / School – Department** |
| **Signature** | **Signature** | **Signature** | **Signature** |

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| **INFORMATION REGARDING THE REQUEST** |
| **Type and Duration of Leave of Absence** |
|   | **Leave of absence for one semester** |
|  | **Semester / Academic Year: ............................ / ..................................** |
|   | **Leave of absence for a short period** |
|  | **From (Date): ......................................... To (Date): ...........................................** |
| **Reason For Request** |
|   | **Education out of country** |   | **Medical report** |
|   | **Military duty** |   | **Detention / Arrest** |
|   | **Natural disaster** |   | **Family issues** |
|   | **Completion of language preparation class in mid-year** |
|   | **Internship / research etc. opportunities out of country** |
|   | **Sportive / cultural / artistic activities** |

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| **EVALUATION RESULT**(Requires decision of Faculty/School Administrative Board) |
|   | **Accepted** |   | **Rejected** |

Notes: 1) Apply within the period stated by Rules and Regulations

 2) Attach all supporting documents