



**ÜSKÜDAR
UNIVERSITY**

PETITION

Name Surname:

Class:

Student No:

Phone No:

Faculty/VS:

E-mail:

Dept./Program:

Date:/...../.....

Form No (It is filled by the Dean's Office/The Directorate.):

TO THE DEAN'S OFFICE OF THE FACULTY/ THE DIRECTORATE OF VOCATIONAL SCHOOL

Kindly submitted for the necessary action.

(Student's Signature)