**T.C.**

**KİLİS 7 ARALIK UNIVERSITY**

**FACULTY OF ECONOMICS AND ADMINISTRATIVE SCIENCES**

**APPLICATION FORM FOR FREEZING REGISTRATION**

**Date:** … / … / 20…

**TO THE DEPARTMENT OF …………………………………………………..**

For the reason I have stated below, I request that my registration be frozen. I kindly submit to your information and requirement.

**Name and surname :**

**Department - Program :**

**Student number :**

**National ID / YU Number :**

**Telephone :**

**Email :**

**Address :**

Periods for Freezing the Registration:

20… - 20… Fall

20… - 20… Spring

If Any, Previously Freezed Registration:

20… - 20… Fall

20… - 20… .. Spring

Reasons for Registration Freezing:

 Financial Status  Military  Health  Education

 Other ………………………… ..........

APPENDIX:

Signature:

**CONTACT: 0348 813 93 34 Mail: iibf@kilis.edu.tr WEB: www.iibf.kilis.edu.tr**