

**ÖZYEĞİN UNIVERSITY**  
**DIRECTORATE of SCHOOL OF APPLIED SCIENCES**  
Çekmeköy, İstanbul

**Date :**

**Subject :**

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**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.