|  |  |
| --- | --- |
|  | **ANKARA SOSYAL BİLİMLER ÜNİVERSİTESİ**  **KUZEY KIBRIS YERLEŞKESİ**  **ÖĞRENCİ İŞLERİ BİRİMİ**  **Çok Amaçlı Dilekçe Formu**  **All Purpose Request Form** |

**Tarih …./…./.…**

**Öğrencinin/***Student’s***:**

**Adı-Soyadı /** *Name- Surname**:*…………………………………………………………………………………………………

**Öğrenci No /** *Student Number :………………………………………………………………………….……………………..*

**T.C. Kimlik No /** *TR ID. Number:……………………………………………………………………….………………………..*

**Fakülte /** *Faculty :……………………………………………………………………………………….…………*

**Bölüm /** *Department :………………………………………………………………………………………………….*

**Adres /** *Adress :……………………………………………………………………………………………………*

**E-Posta /** *E-mail :…………………………………………………………………………………………………….*

**Telefon /** *Phone**:…………………………………………………………………………………………………….*

**Konu/** *Subject :……………………………………………………………………………………………………..*

**Talep/** *Request***:**

..........................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................

**Gereğini bilgilerinize arz ederim.**

Kindly submitted for your attention.

**Adı Soyadı /** *Name Surname*

**İmza/** *Signature*

**ASBÜ Kuzey Kıbrıs Yeleşkesi/Haspolat Kavşağı, No: 20 - Lefkoşa-Kuzey Kıbrıs**

[**Tel: 0392**](Tel:0312) **233 55 22 / +90 0542 860 40 00**

**E-Mail:** [**bilgikktc@asbu.edu.tr**](mailto:bilgikktc@asbu.edu.tr)