\_/\_\_\_\_/\_\_\_\_\_\_

**KÖYCEĞİZ SAĞLIK HİZMETLERİ MESLEK YÜKSEKOKULU**

 **MÜDÜRLÜĞÜNE**

Okulunuz \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ programı

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ numaralı öğrencisiyim. Öğrenci kaydımın silinmesi hususunda gereğini arz ederim.

 Ad/Soyad

 İmza

İletişim Bilgileri:

Cep No:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

e-posta :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Adres :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_