|  |  |
| --- | --- |
| **C:\Users\Nebiye\Downloads\Kuzey Kıbrıs Akademik Birimi Logo-01.png** | **ANKARA SOSYAL BİLİMLER ÜNİVERSİTESİ REKTÖRLÜĞÜ** **KUZEY KIBRIS AKADEMİK BİRİM** **KOORDİNATÖRLÜĞÜ****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*

**Hala Sultan Eğitim Külliyesi Haspolat Kavşağı No 20 /Kuzey Kıbrıs**

**Tel: 0392** **233 55 22 / +90 0542 860 40 00**

**E-Mail:** **bilgikktc@asbu.edu.tr**