**The Name and Surname of the Student:**

**Number :**

**Programme :**

I would request you to inform that whether the student with the identity above is related to your unit or not.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **THE NAME OF THE UNIT** | **NO RELATION** | **NAME AND SURNAME** | **Date** | **Signature** |
| **of the Unit Officer** |
| DEPARTMENT PRESIDENCY |  |  |  |  |
| UNIVERSITY CENTRAL LIBRARY |  |  |  |  |
| PRESIDENCY OF HEALTH, CULTURE AND SUPPORT |  |  |  |  |
| COUNSELLOR |  |  |  |  |

**THE ID CARD OF THE STUDENT;**

* Taken

**Date :…../……/……**

**Signature :**