T.R.

GAZI UNIVERSITY

(Gazi University Directorate of Student Affairs)

Conditional Registration Commitment Certificate for Undergraduate Programs

Name:	
Surname:	
Mother Name:	
Father Name:	
Date of Birth:	
Nationality:	
Passport Number:	
T.R Identification Number:	
Address:	
Phone Number:	
Address:	
Application Date:	
Application Candidate Number:	
Program to Register:	

I gained the right to enroll in the …….. Program at …….. Faculty at Gazi University in the Fall Semester of the 2020-2021 Academic Year. However, since I cannot leave my country due to the covid-19 pandemic we are in, will not be able to be in Turkey during the 2020-2021 Fall Semester Foreign National Associate / Undergraduate Degree Registration dates specified in Gazi University's 2020-2021 Academic Calendar, and will not be able to appoint a deputy owing to the same reason, I acknowledge that I have sent this document and all the requested registration documents electronically to pandemikayitgazi2020@gmail.com, that my registration is made "conditionally" based on these documents, and that based on the official letter of E.16006 dated 01.06.2020, which was published by the Higher Education Council for the Fall semester of the 2020-2021 Academic Year, I will deliver the originals of all documents that are required for registration to Gazi University by hand or by power of attorney by 17:00 on December 15, 2020 at the latest, and that if I cannot, my registration will be deleted from Gazi University.

I have read, understood and approve.

(Name-Surname)

(Date)

(Signature)