|  |
| --- |
| **QUALITY COMMISSION STUDENT REPRESENTATIVE** **APPLICATION FORM** |
| **Name Surname** | **:** |
| **Date of Birth (Day/Month/Year)** | **:** |
| **Current Level of Program**  |  Associate Undergraduate Graduate  Doctorate |
| **Faculty / Institute / Vocational College** | **:** |
| **Department / Program** | **:** |
| **Class/semester you are enrolled in** | **:** |
| **Remaining years/semesters to graduation** | **:** |
| **GPA (Over 4)** | **:** |
|  | I declare that I meet the criteria stated in the f\*, g\*\* and h\*\*\* articles of application conditions. I bear the reponsibility for the accuracy of the information provided. I agree to waive all my rights regarding the assignment in the case of any errors in the information.**Signature** |

 \* f) Not to have connection, affiliation or contact with any terrorist organizations.

 \*\*g) Not to have any disciplinary penalty including suspension by the university.

\*\*\*h) Not to be a political party member or working in political party organs.