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| **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.