Date:

Ankara Medipol University

To Deanery of the School of …………………………………….. ,

 I am a student in ………………………… program. My student number is ………….. I cannot continue my education due to ………………………………… (family,financial) reasons. With that reason I kindly ask to delete my account.

 Kindly request you to do the needful.

Name – Surname

(Signature)

Communication Informations: (mail / phone number)