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**DISTANCE EDUCATION SEMESTER PERMISSION REQUEST FORM**

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| **TO THE DIRECTOR’S OFFICE OF THE GRADUATE SCHOOL**  According to Yaşar University Regulations for Postgraduate Education, Article numbered 31/3, I request a semester permission for the ………………………… semester, related my situation below and with regard to the attachments that I provide. | | |
| ❑ Military Service  ❑ Natural Disaster  ❑ Full-fledged delegation report  ❑ Condemnation  ❑ Family reasons (e.g. Serious Disease / Death of close family members) ……………………………… | | |
| **Attachments\*** | | |
|  | | |
|  | | |
| **STUDENT’S** | | |
| Name & Surname |  | **DATE** |
| Number |  |
| Department |  |
| Program |  |
| Semester of the Requested Permission |  |

* *The proposed excuse must be evidenced by document.*
* *The request must be reported within five business days from the day the excuse ends.*
* *Excuse can be claimed for a maximum of two semesters.*
* *Health reports do not exempt students from attendance.*