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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\*** |
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|  |
| **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.*