**Relase Form**

......... / ............................ / 2020

**TO ISTANBUL GELISIM UNIVERSITY ERASMUS OFFICE;**

According to the 20..-202.. Academic Year Erasmus+ Intership Mobility applications results I am (Name Surname) in the main list number ….. . I would like kindly to let you know, I waive my right to participate in the  Erasmus+ Studying Mobility due to........ reason................... Kindly submitted for necessary action.

 Regards,

Name / Surname :

......................................................................................

Student No :

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Signature :

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