**Relase Form**

......... / ............................ / 2021

**TO ISTANBUL GELISIM UNIVERSITY ERASMUS OFFICE;**

According to the 2020-2021 Academic Year Erasmus+ Internship Mobility applications results I am Name Surname in the main list number … .I’d like to let you know that I waive my right to do the  Erasmus+ Studying Mobility because of…. . Kindly submitted for necessary action.

 Regards,

Name / Surname :

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Student No :

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Signature :

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