**Relase Form**

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

**TO ISTANBUL GELISIM UNIVERSITY ERASMUS OFFICE;**

According to the TIMEF Erasmus+ Internship Consortium Project 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 the……. . Kindly submitted for necessary action.

Regards,

Name / Surname :

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Student No :

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Signature :

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