ISTANBUL GELISIM UNIVERSITY

TO DIRECTORATE OF STUDENT AFFAIRS

I am the parental guardian of ……………………………………………………. I hereby approve that my daughter/son is registered and studies at Istanbul Gelişim University within my knowledge and accept all responsibilities.

Kindly submitted for appropriate action.

Name - Surname:

Signature:

Date:

Phone Number:

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| **FILL THE FORM, PUT THE PASSPORT ON THE FORM AND TAKE A CLEAR PHOTO OF THE ENTIRE PAGE** |