**Release Form**

......... / ............................ / 2025

**TO ISTANBUL GELISIM UNIVERSITY**

**INTERNATIONAL EXCHANGE AND COOPERATION OFFICE;**

According to the 2025 Project Year Erasmus+ Internship Mobility applications results I am in the main list. I would like to let you know that I waive my right to do the  Erasmus+ Internship 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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