BAU Bahçeşehir Cyprus University

REGISTRAR'S OFFICE

GRADUATION FORM

Name - Surname _____

Student Number _____ Class _____

Faculty _____ Department _____

Address _____

Phone _____ E-Mail _____

TERMINATION REASON:

- ☐ Health
- ☐ Family
- ☐ Financial
- ☐ Other (Please specify) _____
- ☐ Transfer to _____
- ☐ Graduate
- ☐ Dismiss

Date _____ Signature _____

SIGNATURE FROM OFFICES

Step 1. Vice General Secretary / International Office		Date		Signature	
Step 2. Dean of Students		Date		Signature	
Step 3. Advisor		Date		Signature	
Step 4. Head of Department		Date		Signature	
Step 5. Dean/Director		Date		Signature	
Step 6. Library		Date		Signature	
Step 7. Accounting Office		Date		Signature	
Step 8. Registration Office		Date		Signature	

SIGNATURE FOR COLLECTING CERTIFICATES

I have collected all my certificates from the Registrar's Office and Filled the Graduate Students Survey

Name-Surname		Date		Signature	

Mustafa Kemal Ave. Osmanlar St. No:1
Bahçeşehir Cyprus University Alayköy
Campus – TRNC Phone: +90 392 611 00 00

http://www.baucyprus.edu.tr