|  |  |
| --- | --- |
|  | **ANKARA SOSYAL BİLİMLER ÜNİVERSİTESİ REKTÖRLÜĞÜ** **Öğrenci İşleri Daire Başkanlığı****Çok Amaçlı Dilekçe Formu**All Purpose Request Form |

**Tarih …./…./.…**

**Öğrencinin/***Student’s***:**

**Adı-Soyadı /** *Name- Surname**:*…………………………………………………………………………………………………

**Öğrenci No /** *Student Number :………………………………………………………………………….……………………..*

**T.C. Kimlik No /** *TR ID. Number:……………………………………………………………………….………………………..*

**Fakülte /** *Faculty :……………………………………………………………………………………….…………*

**Bölüm /** *Department :………………………………………………………………………………………………….*

**Adres /** *Adress :……………………………………………………………………………………………………*

**E-Posta /** *E-mail :…………………………………………………………………………………………………….*

**Telefon /** *Phone**:…………………………………………………………………………………………………….*

**Konu/** *Subject :……………………………………………………………………………………………………..*

**Talep/** *Request***:**

....................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................

**Gereğini bilgilerinize arz ederim.**

Kindly submitted for your attention.

**Adı Soyadı /** *Name Surname*

 **İmza/** *Signature*

**Hükümet Meydanı No: 2 06050 Ulus, Altındağ/ANKARA**

**Tel: 0312** **596 46 34-23-27**

**E-Mail:** **oidb@asbu.edu.tr**