SDÜ MEVLANA EXCHANGE PROGRAM OFFICE

PARTICIPANT WAIVER FORM

…./…../20

I am the academic staff of the ………………………………………………………….. University, ……..……………………………. Faculty/Institute

I kindly inform you that i would like to give up the right to participation of the Mevlana Exchange Program which i have accepted with/without scholarship during the 20…./20…. Academic Year, Fall/Spring term.

Signature:

Name Surname:

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| --- | --- | --- |
| view | T.C.  SÜLEYMAN DEMİREL UNIVERSİTY | C:\Users\abc\Desktop\YÖK LOGOLAR\Mevlana-eng-R.png |