SDÜ MEVLANA EXCHANGE PROGRAM OFFICE

 PARTICIPANT WAIVER FORM

 …./…../20

I am the academic of ………………………………………………………….. 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 daily wage during the 20…./20…. Academic Year, Fall/Spring term.

Motive:

 Signature:

 Name Surname:

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