    


# ANTALYA BİLİM ÜNİVERSİTESİ REKTÖRLÜĞÜ

*RECTORATE OF ANTALYA BİLİM UNIVERSITY*

# Muhasebe Müdürlüğü

*To the Directorate of Accounting*

**Tarih/** *Date* **:…../…../……..**

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Gereğini saygılarımla arz ederim.

I kindly request your consent for this necessary action.

**Öğrencinin/** *Student’s*

Adı Soyadı / *First and Last Name*

İmza / *Signature*

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

TC Kimlik No/ *TC.ID Number* **:**……………………………………………......................

Fakülte/ *College* **:**……………………………………………......................

Bölüm ve Sınıf/ *Department and Class* **:**……………………………………………......................

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

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

Form: Muhasebe Müdürlüğü Genel Talep Formu

General Request Letter – Accounting Directorate