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**ANTALYA BILIM UNIVERSITY**

**INSTITUTE OF POSTGRADUATE EDUCATION**

**Student ID Card Delivery and Liabilities Report**

NAME SURNAME:

STUDENT NUMBER:

IDENTITY NUMBER:

1. I hereby declare that I received the **Student ID Card** prepared in my name. I also acknowledge that I will return the card when I leave the university, that I will not let anyone else use it, that I will inform the university in case of the loss of the card and get a new one in exchange of a fee.

2. I give permission to the Student Information System to send me notifications via SMS, e-mail etc. to the phone numbers and e-mail addresses that I have provided during and after my registration.

3. I acknowledge that I must carry out all procedures and transactions regarding my education in accordance with the Regulations, Directives and Codes of Practice which can be found on the website of Antalya Bilim University. I also accept and declare that I have read all relevant information, that I must personally follow up the processes regarding these procedures, and that I am personally responsible for any procedural and personal problems arising from the negligence of these responsibilities.

4. The University might require that students not have any overdue or unpaid payments before carrying out administrative procedures, such as registration, graduation, freezing of registration, disenrollment, lateral transfer etc. I acknowledge beforehand that such procedures, including graduation, will not be carried out if I have overdue or unpaid payments.

5. I acknowledge that my institutional e-mail address, created in accordance with relevant regulations, can be used to make notifications, announcements and notices which are officially required to be made to students by academic and administrative units.

**DELIVERED BY RECEIVED BY**