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USKUDAR UNIVERSITY

TO THE ERASMUS INSTITUTIONAL COORDINATORSHIP,

I, the undersigned, am a student at Üsküdar University, ……………………… Faculty/Institute, …………………………… Department.

In the 20../20.. academic year, I was entitled to benefit from Erasmus+ *Study/Traineeship* mobility with/without a grant. I want to withdraw my application because …………………………………………………………………………………………………………………………………………………………………………………………………….

I kindly request you to take necessary action.

Name & surname:

Student number. :

Signature. :