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**DOĞUŞ UNIVERSITY RECTORATE**

**International Relations and Erasmus+ Office**

I, the undersigned, a student of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Faculty/School/Technical School, Department of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, with student ID number \_\_\_\_\_\_\_\_\_\_\_\_\_\_**, am applying for Erasmus+ mobility for the academic year 20-20**.

I hereby waive my right to participate as an Erasmus+ student. I kindly request that the necessary procedures be carried out accordingly.

Please specify the reason for your waiver:

Name-Surname

Phone: Signature

E-mail: