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**Tarih:** ….. / ….. / 20 ..

**TC  
HALIÇ UNIVERSITY  
ERASMUS AND EXCHANGE PROGRAM COORDINATORSHIP**

I am a student of the ……………………………………. Vocational School/Faculty/Institute, ………………………………. Program/Department, with student ID number …………………….

I have been selected as a primary candidate for the Erasmus+ Study [ ] / Internship [ ] Mobility Program in the ………………. Academic Year for the …………. Semester. However, I would like to waive my right to participate in this program.

I kindly request the necessary action to be taken.

Respectfully,

Name Surname:  
E-mail:  
Signature: