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TO HEALTH, CULTURE AND SPORT DEPARTMENT

I WANT TO START

STUDENT CLUB / GROUP THAT WILL OPERATE WITHIN ISTINYE UNIVERSITY STUDENT CLUBS AND GROUPS.

I DECLARE THAT I WILL COMPLY WITH THE PROVISIONS OF ISTINYE UNIVERSITY STUDENT CLUBS AND GROUPS RULES, AND I KINDLY SUBMIT MY REQUEST FOR NECESSARY ACTION.

NAME SURNAME:

FACULTY/PROGRAM:

TITLE:

DATE:

SIGNATURE: