

TO THE REGISTRAR'S OFFICE OF BAHÇEŞEHİR UNIVERSITY

Student's;	/
Name Surname	
Turkish ID No.	
Faculty/Vocational High School	
Department	
Phone	
E-Mail	
Address	

I hereby declare that the following individuals with contact details specified below are authorized by me to obtain all kinds of information to be provided by the University officials in relation to my academic and administrative procedures during my study at Bahçeşehir University.

ARTICLE 9 – (1) Initial enrollment of those who become entitled to final enrollment in any program offered by Bahçeşehir University is carried out on the dates and by means of required documents as announced by the Presidency. During the enrollment, original copy or a University-certified copy of the documents required for enrollment is obtained from the prospective student. (2) Those whose documents are missing or altered may not enroll in Bahçeşehir University. The enrollment of those who enroll in the University by way of misrepresentation and forged document shall be cancelled when it is found out and they shall be subject to legal action.

Signature

Authorized Person's (You can authorize more than one person.)

Name Surname	
Degree of Affinity	
E-Mail	
Phone	
Address	

Name Surname	
Degree of Affinity	
E-Mail	
Phone	
Address	