

## STUDENT CLUBS MEMBERSHIP FORM

## / /

**ISTINYE UNIVERSITY** 

NAME SURNAME: STUDENT NUMBER:

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FACULTY / VOC. SCHOOL: MAJOR / PROGRAM: ISTINYE E-MAIL: TELEPHONE:

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ACADEMIC YEAR

## CLUB MEMBERSHIP FORM .

NAME SURNAME:	SIGNATURE	
STUDENT NUMBER:	SIGNATORE	
FACULTY / VOC. SCHOOL:		рното
MAJOR / PROGRAM:		
ISTINYE E-MAIL:		
TELEPHONE:		

NAME SURNAME:	SIGNATURE	
STUDENT NUMBER:		
FACULTY / VOC. SCHOOL:		рното
MAJOR / PROGRAM:		
ISTINYE E-MAIL:		
TELEPHONE:		

SIGNATURE	
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SIGNATURE:

## ADVISOR NAME SURNAME:

SIGNATURE: