(../../2024)

TO ALTINBAS UNIVERSITY

OFFICE OF STUDENT OMBUDSMAN

Introduce yourself with your school number and full name. Explain the summary of your problem/situation clearly and briefly. State your request in one sentence. ( I would like to...)

(Closure) Yours sincerely/Regards.

Full Name

Signature

Contact info:

Phone:

E-mail: (prefer using your Altinbas University student e-mail)

Full Name

Signature

Contact Info:

Phone:

E-mail: