İSÜ İSTİNYE ÜNİVERSİTESİ İSTANBUL

ÖDEME TAAHHÜTNAMESİ
PAYMENT AGREEMENT

Date:

T.C.
ISTINYE UNIVERSITY
TO THE INTERNATIONAL OFFICE

I hereby accept, declare, and undertake that I will pay my remaining tuition fee in full by **07.05.2027** at the latest; that if I fail to make the payment by this date, my university registration will be cancelled; that any fees I have previously paid will not be refunded under any circumstances; and that all relevant official authorities will be duly informed of this matter.

Respectfully,

Student Candidate;

Full Name:

Date:

Signature

Student Candidate's;

Phone Number:

Email Address: