

## REQUEST TO USE THE SERVICES OF A REPRESENTATIVE OF TUAS

TO BE COMPLETED BY THE STUDENT

PLEASE COMPLETE IN BLOCK CAPITALS

Title (e.g. Mr, Miss, Ms)	FamilyName/Surname	First Name/Forename
Date of Birth (Please use the following format, DD/MM/YYYY)		
Personal Email:		Mobile Number
Level and Subject of Study (e.g. BA Accounting and Finance or MSc Structural Engineering)		
Have you already applied for a study place at the Turkish Universities? (please tick as appropriate)	<input type="checkbox"/> YES <input type="checkbox"/> NO	
If "Yes" – What is your University and Application Number?		
Did you make your original application through another representative of the Turkish University (please tick as appropriate)	<input type="checkbox"/> YES <input type="checkbox"/> NO	
If "Yes", Please state the name of the representative you have used previously		
Please state the reasons why you wish to make use of the services of the (new) representative:  <b>I would like to use TUAS services to further support to all my application. TUAS is free of charge and really helps full services.</b>		
What is the name of the University representative that you now wish to use?	<b>TUAS</b>	
Please confirm your correspondence address: Address: Marmara Üniversitesi Teknopark TGB-1 Bölgesi Teknopark Binası, Göztepe Yerleşkesi Eğitim mah. Fahrettin Kerim Gökay cad. No:151 İşlik:2/6 34722 Kadıköy/İstanbul Contact: hello@tuas.com.tr		

I confirm that I have personally completed and signed this document as I have agreed to take advice, or make use of the services of the overseas representative, whose name is confirmed in this document. I also confirm that I have informed my current representative (if applicable) of my decision that I no longer wish to make use of their services.

**SIGNATURE:**

**PRINT NAME:**

**DATE:**