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| EGE UNIVERSITY, TESTING AND EVALUATION IMPLEMENTATION AND RESEARCH CENTER DIRECTORATEBornova / İzmir /TürkiyeI request the necessary action to be taken regarding the refund of the fee I paid for 2024/1 EGEYÖS exam, which was planned to be held on 06.01.2024 and canceled in accordance with the letter of the Presidency of the Council of Higher Education dated 07.12.2023 and numbered E-75850160-010.04-82056. 2024/1 EGEYÖS exam, which was planned to be held on 06.01.2024 and canceled in accordance with the letter of the Presidency of the Council of Higher Education dated 07.12.2023 and numbered E-75850160-010.04-82056. \_ \_ / \_ \_ / 2023 (Name, surname) (signature)  (of the Depositing Account Holder)

|  |  |
| --- | --- |
| Candidate Number |  |
| Candidate's Name Surname |  |
| Nationality |  |
| Father's Name |  |
| \* Name and Surname of the Account Holder to be Refunded (Paying)  |  |
| \* T.R. Identity or Passport Number of the Account Holder to be Refunded (Paying) |  |
| Payment Type (Credit Card / Wire Transfer) |  |
| \* IBAN number requested to be refunded |  |
| Correspondence Address |  \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_  \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_  Postal Code: \_ \_ \_ \_ \_ \_ District : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_  City: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ Country: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ ­  |
| **E-mail address** |  \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ @ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_  |
| **Telephone Number** |  |

**\***  **Refunds can only be made to the IBAN number of the credit card or account holder who made the payment. For this reason, the refund petition must be filled out and signed by the person who made the payment and the information belonging to the person who made the payment must be written in the fields marked with an asterisk.** |