



**KILIS 7 ARALIK UNIVERSITY**  
**Library Visiting Researcher Form**

This form has been created for Visiting Researchers who are not members of Kilis 7 Aralik University.

**Name and Surname:**

**Mobile Phone Number:**

**Email Address:**

**Educational Status:**

Licence

Postgraduate

**Intended Use:**

Literature Research for the Thesis

Private or Corporate Research

Internal Exam

TUS/DUS Exam

Judgeship/Prosecution Exam

**Usage Period:**

5 days

15 days

30 days

45 days

I acknowledge the accuracy of the information I have provided above.

If permitted, I agree to abide by the Library Rules of the Kilis 7 Aralik University Library and Documentation Department.

Name and Surname:

Signature:

Please submit this form in person to the Department secretariat after signing it.