

**ISTANBUL MEDİPOL UNIVERSITY**  
**SCHOOL OF HUMANITIES AND SOCIAL SCIENCES**

..... / ..... / 20.....

I am a student in the Department of .....

I would like to be exempt from the course/s listed below which I have previously completed. I submit the necessary information for consideration.

Attachment: .....

Signature  
Name Surname

No	Completed Course				Course to be Exempt		
	Course Code	Course Name	AKTS	Grade	Course Code	Course Name	AKTS
1							
2							
3							
4							
5							
6							
7							
8							

- Notes:** 1- Student should write the course to be exempt on the right side of the previously taken course.  
2- Student should attach transkript/s and documents detailing contents of both the completed course/s & course/s to be exempted.  
3- Student accepts that the information stated on this form is correct and that s/he will have no right to withdraw from exempted courses.  
4- The registered student will only have one chance to apply for exemption of previously completed courses.

Signature  
Name Surname

**ISTANBUL MEDİPOL UNIVERSITY**  
**SCHOOL OF HUMANITIES AND SOCIAL SCIENCES**

No	Completed Course			Grade	Course to be Exempt		
	Course Code	Course Name	AKTS		Course Code	Course Name	AKTS
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							

- Notes:** 1- Student should write the course to be exempt on the right side of the previously taken course.  
2- Student should attach transkript/s and documents detailing contents of both the completed course/s & course/s to be exempted.  
3- Student accepts that the information stated on this form is correct and that s/he will have no right to withdraw from exempted courses.  
4- The registered student will only have one chance to apply for exemption of previously completed courses.

Signature  
Name Surname