

REPUBLIC OF TURKEY
İSTANBUL MEDİPOL UNIVERSITY
TO THE DEAN OF THE FACULTY OF PHARMACY

I am a student numbered, studying in the English Program of your faculty. I request to be exempted from the following courses that I have taken atUniversity before and have been successful..

I submit it to your information.

Signature
Name Surname
Phone No:
E- Mail :

Add-1.....

Add-2.....

Add-3.....

ÖSYM

DOUBLE MAJOR PROGRAM

INTERNATIONAL QUOTA

Courses I Have Succeeded Before					Courses I want to be exempt from at Medipol University		
Order No	Coruse Code	Course Name	ECTS	Success Grade	Coruse Code	Course Name	ECTS
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							

- Note:** 1- Students have to write the course they want to be exempted from, against the course they have taken before.
- 2- Students are required to attach to the application petition the course content of the courses they want to transfer (sealed, stamped and signed) approved by the higher education institution, the credits/ECTS credits showing the theoretical and practice hours distribution and the transcript showing their grades.
- 3- Course transfer procedures are finalized preferably until the course drop-off date determined in the academic calendar, basket on the current content of the course.
- 4- The course transfer application is evaluated by the student's advisor and submitted to the Faculty's "Transfer and Exemption-Adaptation Commission" for compliance and is decided by the administrative boards. **Students attending the preparatory class can apply for course transfer after completing the preparatory class and starting their education in their own program.**

I accept that the information I have declared is correct, that I am responsible in case of inaccuracy and that I have no right to withdraw from the exempted courses.