

**ISTANBUL MEDIPOL UNIVERSITY  
TO DEAN OF FACULTY OF PHARMACY**

**COURSE TRANSFER (EXEMPT) PETITION SAMPLE**

I am student of your faculty and my student number is ..... studying in the ..... year of your faculty. I would like to request the transfer of the following courses I took at the Faculty I studied before.  
Kindly submitted for necessary action.

Name Surname:

Signature :

**Adds:** Transcript (approved)

Course Contents (approved)

	<b>NAME OF THE COURSE OF THE FACULTY OF PHARMACY TO BE EXCLUDED</b>	<b>NAME OF THE CORRESPONDING COURSE</b>
<b>1</b>		
<b>2</b>		
<b>3</b>		
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