

**İSTANBUL MEDİPOL UNIVERSITY
TO DEAN OF FACULTY OF PHARMACY**

REGISTRATION FREEZE PETITION

For the reasons I have stated below from the fall/spring semester of the/..... academic year I would like to request the necessary action to be taken for my semester registration to be considered on leave.

Name Surname:

Signature :

Write down the reasons for be granted leave of absence

1.
2.

Fill the additional information.

Faculty/Program	
Student ID No	
Phone No	
E-Mail	