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

**DEREGİSTRAYON PETİTİON SAMPLE**

I am a student numbered ..... studying in the ..... year of your faculty. I will not be able to continue my education due to ..... (family, financial, health, etc.) reasons. Therefore, I request to delete my registration.

Kindly submitted for necessary action.

Name Surname:

Signature :

**Contact Information:**

E-Mail :

Phone Number (GSM) :