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T.C.

ISTANBUL MEDIPOL UNIVERSITY TO DEAN OF FACULTY OF PHARMACY APPLICATION REQUIREMENTS FOR STUDENTS WHOSE MAXIMUM TERM HAS EXPIRED AND SAMPLE PETITION

Kindly submitted for necessary action.

Signature :

This Field Will Be Filled By The Student.				
Name Surnam	e			
Student Numb	er	Phone No:		
Program		E-Mail		
Course Cod	2	Course Name		
This Field Will Be Filled By The Student's Advisor.				
Name Surname :			SIGNATURE	
All courses in the student curriculum / required to be taken		🔄 Has Taken 🔄 Hasn't Taken		
He/she can take additional exams from the courses he/she		🗌 Can Enter 🔲 Can't Enter		
has failed in the above mentioned courses.				
Student's internship grade				
Total number of courses that the student failed				
Who have the right to Additional Exam	The exam to be attended by students who have more than 5 failed courses	Add. Exam-1 Add. Exam-2		
	A student who has only one lesson left as a result of Additional Exams	Single Course Exam		
	The exam to be attended by the student	1 st Semester 2 nd Semester	3 rd Semester	
	who has failed in up to 5 courses as a result of the Additional Examination right			
The even te h			and a set of the	
The exam to be attended by the student who has failed in up to 5 courses without using the Additional Examination right.		1 st Semester 2 nd Semester	3 rd Semester 4 th Semester	