

**REPUBLIC OF TURKEY**  
**ISTANBUL MEDIPOL UNIVERSITY**  
**Deanery of School of Pharmacy**

**UNDERGRADUATE TRASNFER IS NO OBSTACLE FORM**  
**(APPROVAL FORM FOR UNDERGRADUATE TRANSFER TO OTHER HIGHER EDUCATION INSTITUTIONS)**

STUDENT INFORMATION	
Name Surname	
TC ID Number	
Student Number	
Faculty	
Department/Program	
Contact Number	
The Semester / Year that Student Want to Undergraduate Transfer	

Date: .... / ..... / 20....

Faculty Secretary

Ayşen ANKARALI

UNIT	Name Surname	Date	Signature	Convenient	Not Convenient
Head of Health, Culture and Sports					
Head of University Library					
Head of Administrative and Financial Affairs					
Head of Information Technologies					
Student Dormitory Directorate					

**The student, whose information is given above, does not have a situation that prevents his/her from transferring to your university.**

Date: .../...../20....

Faculty Secretary

Ayşen ANKARALI