TC

ISTANBUL MEDIPOL

UNIVERSITY EDUCATION

TO THE DEANSHIP OF THE FACULTY

COURSE EXEMPTION APPLICATION FORM

…… / ….. / 20....

Your faculty's department number ……..…..……

I am a student. I would like to be exempted from the courses I have previously taken, which are listed below.

I submit this information for your consideration.

Appendix:…….....

Signature

OSYM ☐ DGS ☐ DIAMETER ☐ HORIZONTAL G. ☐

Name Surname

I've bought it before and been successful with it.				I want to be exempt from something at Medipol University.		
The lesson Code	The lesson Ordinary	ECTS	Success Note	The lesson Code	The lesson Ordinary	ECTS

Note: 1- Students must write the course they wish to be exempted from next to the course they have previously taken.

2. Students must attach their transcript and course syllabi for the courses they wish to be exempted from to their application.

3- I acknowledge that the information I have provided is accurate, that I am responsible for any inaccuracies, and that I do not have the right to withdraw from any exempted courses.