APPLICATION FORM FOR STUDENTS WHO HAVE REACHED THE MAXIMUM PERIOD OF STUDY

REPUBLIC OF TÜRK■YE
ISTANBUL MEDIPOL UNIVERSITY
Directorate of the Vocational School of Health Services

Date: …… / …… / 20……

I have completed the maximum period of study at the end of the 20……–20…… academic year. Pursuant to Article 44 of Law No. 2547, I would like to exercise my right to take the **SUPPLEMENTARY EXAMINATION** for the courses listed below in which I have failed.

I respectfully submit this for your information and consideration.

Signature: _____

TO BE COMPLETED BY THE STUDENT

Full Name		**Turkish ID No.**	
Student Number		**Telephone**	
Department / Programme		**E-mail**	

TO BE COMPLETED ONLY BY STUDENTS WHO HAVE NOT COMPLETED THEIR INTERNSHIP

I would like to complete my compulsory internship at	_____
Company	_____
during the period from	…… / …… / ……. to …… / …… / …….

COURSES

Course Code	**Course Title**

TO BE COMPLETED BY THE HEAD OF THE PROGRAMME

Full Name		**SIGNATURE**	
All courses included in / required by the student's curriculum	**COMPLETED ■ NOT COMPLETED ■**		
Eligible to take supplementary examinations in the courses listed above as failed	**ELIGIBLE ■ NOT ELIGIBLE ■**		
Student's internship grade	G– / G+		

Total number of courses in which the student has failed: _____

EXAMINATION TO BE TAKEN BY STUDENTS ENTITLED TO SUPPLEMENTARY EXAMINATIONS

Student status	**Examination**

Students who have failed more than 5 courses	SUPPLEMENTARY EXAMINATION 1 / SUPPLEMENTARY EXAMINATION 2
Students with only one course remaining after the supplementary examinations	SINGLE-COURSE EXAMINATION
Students who have up to 5 failed courses as a result of the supplementary examination entitlement	1st Semester 2nd Semester 3rd Semester
Students who have up to 5 failed courses without using the supplementary examination entitlement	1st Semester 2nd Semester 3rd Semester 4th Semester