MEDİPOL
UNV-ISTANBUL
ISTANBUL MEDIPOL UNIVERSITY

……/…../…..

ISTANBUL MEDIPOL UNIVERSITY
TO THE DEANERY OF FACULTY OF PHARMACY

REGISTRATION FREEZE PETITION

For the reasons I have stated below from the fall/spring semester of the ……../……. academic year I would like to request the necessary action to be taken for my …… semester registration to be considered on leave.

Name Surname:

Signature :

Write down the reasons for be granted leave of absence

1.
2.

Fill the additional information.

Faculty/Program	
Student ID No	
Phone No	
E-Mail	

The payment of the student with the information above (has been made / has not been made).
(Student Accounting - South Campus, Block A - Floor: B2)

Authorized Person's Name and Surname:
Date:
Signature: