MEDİPOL
UNV-İSTANBUL
İSTANBUL MEDİPOL ÜNİVERSİTESİ

……/……./……

ISTANBUL MEDIPOL UNIVERSITY

DIRECTORATE OF VOCATIONAL SCHOOL OF HEALTH SERVICES

I am a student of the …… Program, with student number……., at our Vocational School.

I would like to be exempted from the courses listed below.

I respectfully request that the necessary action be taken.

Signature:

Name:

	Course Name at the University Attended	**Course Name at the Vocational School**	**Evaluation**	**Initials**
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