REPUBLIC OF TURKEY
ISTANBUL MEDIPOL UNIVERSITY
Deanery of Faculty of Pharmacy

The Student Has Not Made Undergraduate Transfer Form

T.C. ID No:	
Name Surname:	
Department:	
Student ID No:	

The student, whose information is given above, was registered to our Faculty with ÖSYM in the 20….-20….. academic year and has not previously made a undergraduate transfer within the scope of Annex-Article 1.

Date:

Faculty Secretary

Ayşen ANKARALI