

İSTANBUL MEDİPOL UNIVERSITY
DEAN OF FACULTY OF PHARMACY

THREE COURSE EXAMS PETİTİON SAMPLE

I am your student in your faculty. My student number is..... In order to graduate at the end of the Fall/Spring semester of the/..... academic year, I would like to use my right to take Three Course Exams from the course(s) whose code and name are given below.

I respectfully submit.

Name Surname:

E-mail:

Phone Number (GSM):

Signature:

Course Code	Course Name	Lecturer of the Course