

ISTANBUL MEDİPOL UNIVERSITY FACULTY OF PHARMACY 20...../20..... ACADEMIC YEAR FALL SEMESTER MINOR
BRANCH APPLICATION FORM

TO THE DEAN'S OFFICE OF THE FACULTY OF PHARMACY

I would like to apply for a minor program in the fall semester of the 2020/2020 academic year, in line with the information I have provided below. I hereby declare that the information and documents I have added to the application form are correct and that my application will be evaluated.

Signature

GENERAL INFORMATION			
Name Surname	..... .....	TC ID:	..... .....
Faculty (main)	..... .....	Student No:	..... .....
Department/Program (Main)	..... .....	Year / Semester /.....
GPA (Attach the Document)	..... .....	E Mail:	..... .....

* The application must be made personally by the student.

DEPARTMENT / PROGRAM CHOICE	Faculty / Department
1. Choice
2. Choice
3. Choice

P.S. (*):**

- Students enrolled in a major diploma program cannot apply for a double major or minor for the same department..
- Likewise, a student cannot apply for a Minor to more than three departments. Applications of candidates who choose contrary to this will be cancelled.
- To apply for a minor branch, the student must have a GPA of at least 2.60 (67.33 out of 100).
- In order to continue with the minor program, the student's GPA in the major program must be at least 2.29 (60.10 out of 100). The student who cannot meet this requirement will be deregistered from the minor program.

It will be filled in by the unit to which the application is made.

DEAN'S OFFICE REVIEW	Yes	No
Has the minor branch quota been announced?		
Have you been enrolled in a Major/Minor program before?		
Is the class/semester applied for suitable?		
Is there a lesson he/she failed		
GPA 2.60 and above? (Does he/she have a certificate??)		
Are there any missing documents?		
The candidate HAS MET the application requirements.		

ELIGIBILITY OF THE APPLICATION	Yes	No
Minor application is APPROPRIATE.		
Minor application is NOT APPROPRIATE. (*) (He/She could not meet the GPA requirement.)		
The candidate could not meet the application requirements. (**)		

The officer checking the application

Name Surname :

Signature :
/ 202.....

Control Date: /

(*) *Istanbul Medipol University Double Major and Minor Programs Directive (Decision of the University Senate dated 03.01.2024 and numbered 2024/01-07)*

(**) *In accordance with the relevant article of the directive, the GANO condition must be met. Applications of those who cannot meet this requirement are invalid.*

(***) *Applications of candidates who do not meet the conditions specified in the directive are not eligible and their applications will not be accepted.*