

**İSTANBUL MEDİPOL UNIVERSITY
TO DEAN OF FACULTY OF PHARMACY**

REGISTRATION RENEWAL PETITION SAMPLE

I am a student of your faculty whose information is given below. I would like to request the necessary action to be taken to activate my registration in the fall/spring term of the/..... academic year.

Name Surname:

Signature :

Fill the additional information.

Name Surname	
Faculty-Department	
Student ID No	
Phone No	
E-Mail	

Important points about filling out the petition:

1. In the expression "fall/spring semester", which indicates which period the request covers, strike out the semester that does not concern you.