

İSTANBUL MEDİPOL UNIVERSITY
FACULTY OF PHARMACY DEAN'S
OFFICE
2023-2024 ACADEMIC YEAR FALL SEMESTER
DOUBLE MAJOR / MINOR APPLICATION
FORM

GENERAL INFORMATION	
Name-Surname	
Student Number	
T.C. ID NO	
E-mail	
Major Faculty	
Major Department/Program	
Year/Semester	
ÖSYS Score Type and Score in the Year Placed	
Grade Point Average (GPA)	

DEPARTMENT/PROGRAM PREFERENCE			
Preferences	Faculty/Department	Double Major	Minor
1. Preference			
2. Preference			

Note: A student enrolled in a major diploma program, double major or minor for the same department cannot apply. The applications of the candidates who choose contrary to this will be cancelled.

Appeal Date:

Student Signature:

THIS SECTION WILL BE FILLED BY THE AUTHORIZED UNIT OF THE FACULTY.

Dean's Review	Yes	No
Is the class/semester appropriate?		
Is the GPA suitable?		
Are there any failed classes?		
In the 20% zone?		
Student have previous registration ?		
Is there a quota?		

Application Is Eligible

Application Is Not Eligible

<input type="checkbox"/>
<input type="checkbox"/>

Relevant Officer

Name-Surname:

Title:

Date-Signature: