

INTERNSHIP/PROFESSIONAL EDUCATION IN BUSINESS PLACE CHANGE FORM

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**ACIBADEM MEHMET ALİ AYDINLAR UNIVERSITY TO THE DEANERY OF THE
FACULTY OF PHARMACY**

I am a student of your faculty with..... Student number, I want to leave the pharmacy/institution named before I complete PHAR internship/professional education in business on/...../..... due to

I want to complete the rest of my internship/professional education in business at the pharmacy/institution named between/...../..... -/...../..... . I would like to submit to your information that the change I requested is taken into consideration by the Internship Committee. In addition, I submit to your information that the SGK exit procedures should be done as of the date/...../..... .

Signature:

Name-Surname:

Student Number: