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**TO THE DEAN'S OFFICE
FACULTY OF PHARMACY
ACIBADEM MEHMET ALİ AYDINLAR UNIVERSITY**

I am a student of your faculty with student ID number As of the semester of the 20.../20... academic year, I have completed all my courses. In order to graduate, I would like to take the make-up exam for the course listed below, which I have failed.

I respectfully submit this for your consideration.

Name and Surname:

Signature:

Mobile Phone:

E-mail:

COURSE CODE	COURSE NAME

ADVISOR APPROVAL

FINANCIAL APPROVAL