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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 Due to
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....., I kindly request that my registration be
suspended (frozen) for the semester of the 20..–20.. academic year.

Attachments:

Name and Surname:

Mobile Phone:

Signature:

E-mail:

Mali Onay: