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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 number I would like to take the course(s) listed below in advance in the semester of the 20...–20... academic year.

My cumulative GPA:

I respectfully submit this for your information.

Name and Surname:

Mobile Phone:

Signature:

E-mail:

COURSE CODE	COURSE NAME	CREDITS

ADVISOR APPROVAL

FINANCIAL APPROVAL