MEDIPOL
UNV-ANKARA
ANKARA MEDIPOL UNIVERSITY

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ANKARA MEDIPOL UNIVERSITY
TO THE DEAN OF THE FACULTY OF MEDICINE
APPLICATION FOR REACTIVATION OF ENROLLMENT

I am a student at your Faculty whose details are provided below.I respectfully request that the necessary action be taken to reactivate my enrollment, which was suspended for the Fall/Spring semester of the ……/…… academic year, for the Fall/Spring semester of the ……/…… academic year.

Signature:

Please provide the following additional information.

Name and Surname	
Program	☐ Faculty of Medicine Turkish Program / ☐ Faculty of Medicine English Program
Student ID Number	
Mobile Phone Number	
E-mail	

Important Notes for Completing the Form: In the "Fall/Spring semester" field, which indicates the period covered by the request, cross out the semester that does not apply to you.