MEDIPOL UNV-ANKARA
ANKARA MEDIPOL UNIVERSITY

…../…../……..

ANKARA MEDIPOL UNIVERSITY
TO THE DEAN OF THE FACULTY OF MEDICINE

APPLICATION FOR REGISTRATION FREEZING

I kindly request that my enrollment be frozen for the Fall/Spring semester of the ……/…… academic year for the reasons stated below. I kindly request that the necessary action be taken.

Signature :

Please state the reasons for requesting a leave of absence.

1.
2.

Fill in the additional information.

Name Surname	
Faculty-Program	
Student ID Number	
Mobile Phone Number	
E-mail	

Important Points Regarding Filling Out the Petition:

1. In the "Fall/Spring Semester" statement indicating the period covered by the request in the petition, cross out the semester that does not concern you.
2. Fill out the registration freezing form on the second page.

T.C. ANKARA MEDIPOL UNIVERSITY FACULTY OF MEDICINE Student Requesting Registration Freeze			
Name Surname			
Student Number			
Program			
Contact Information • Notification Address • Mobile Phone Number • E-mail			
Application Date	..../..../20...	Signature	
I declare and undertake that the information I have provided above is correct.			

Unit	**Name Surname**	**Date**	**Signature**
Directorate of Student Affairs			
Directorate of Health, Culture, and Sports			
Directorate of Library and Documentation			
Directorate of Administrative and Financial Affairs (Student Accounting)			
Directorate of Information Technologies			
Directorate of Dormitories			
Directorate of International Office (If the student is an international student)			
…… **Advisor**	…… **Dean**	…… **Faculty Secretary**	

This document, filled out and completed by the student, must be submitted to the Faculty Secretariat in order for the registration freeze process to be finalized.