TO THE DEAN'S OFFICE OF T.C. ANKARA MEDIPOL UNIVERSITY
FACULTY OF PHARMACY

STUDENT INFORMATION (Please fill out all fields)	
Name and Surname	:
ID Number	:
Student no	:
Programme	:
Grade	:
Phone Number (GSM)	:
E-mail	:

SUBJECT: Insurance Extension Request for Internship Absence Due to a Valid Excuse

I am completing my Internship I/ II/ III/ Vocational Education in Business at …….. Hospital/ Company/ Institution/ Pharmacy between …./…./…. and …./…./….. .

Due to an excused absence, I could not attend during the period …./…. to …./…. .

I will consecutively make up the ..... working days of internship that I missed between ..../…. and ..../…. , after the official internship end date, and my internship will therefore conclude on ..../..../…. .

Supporting documentation regarding my valid absence is attached for your information.

I respectfully request an extension of my internship and insurance until …./…./…. .

I kindly request that the necessary actions be taken.

Signature:

Date: