

**INTERNSHIP/PROFESSIONAL EDUCATION IN BUSINESS PLACE CHANGE FORM**

...../...../.....

**ACIBADEM MEHMET ALİ AYDINLAR UNIVERSITY TO THE DEANERY OF THE FACULTY OF PHARMACY;**

I am a student of your faculty with ..... Student number, I want to leave the pharmacy/institution named ..... before I complete PHAR ..... internship/professional education in business on ...../...../..... due to ..... I want to complete the rest of my internship/professional education in business at the pharmacy/institution named ..... between ...../...../..... - ...../...../..... I would like to submit to your information that the change I requested is taken into consideration by the Internship Committee. In addition, I submit to your information that the SGK exit procedures should be done as of the date ...../...../.....

Signature:

Name-Surname:

Student Number:

\*Internship: Refers to all summer internships.