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| **FENERBAHÇE UNIVERSITY**  **FACULTY OF PHARMACY**  **ANNEX-4**  **INTERNSHIP PLACE**  **PETITION FOR CHANGE** |

**TO THE PRESIDENCY OF THE INTERNSHIP COMMISSION OF THE FACULTY OF PHARMACY,**

I am a student of ..………………………………………………...……………………………… Faculty with number ………………. I would like to change my internship place, the information of which is included in the "Internship Application and Acceptance Form" that I submitted to the Internship Commission when I started my internship, due to the reason(s) stated below.

I respectfully request your information.

Name-Surname-Signature

…../……/…... JUSTIFICATION: ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

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| (THIS SECTION WILL BE FILLED IN BY THE FACULTY)  Change of internship place is APPROPRIATE [ ] / NOT APPROPRIATE [ ] .    Chairman of the Internship Commission  ……../……./……. |

APPROVAL

DEAN

…/…/…

*NOTE: In order to start your internship at the new internship place, you must re-fill and submit the "Internship Application and Acceptance Form (ANNEX-2)".*