**İSTANBUL AREL UNIVERSITY**

TO SCHOOL OF FORGEIN LANGUAGE DIRECTORATE

I am a registered student of your school's ……………………………………….. faculty with …………………………………. student number.I want to be exempted from the preparatory program with………………………certificate. Related document is attached.

Submitted for your approval.

 Date

 \_\_ / \_\_ / \_\_

Name/Surname:

Signature:

School E-mail:

Phone number: