**ISTANBUL AREL UNIVERSITY**

TO SCHOOL OF FOREIGN LANGUAGE DIRECTORATE

I’m a student of your school with student number \_\_\_\_\_\_\_\_\_\_\_\_\_ in level \_\_\_\_\_\_\_\_\_\_ class \_\_\_\_\_\_\_. I could not attend the classes because of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on between \_\_ / \_\_ / \_\_\_ and \_\_ / \_\_ / \_\_\_. The relevant document is attached.

I would like your information and your consent.

 Date

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

 Name:

 Surname:

 Signature:

School E-mail:

Phone: