**ALTINBAS UNIVERSITY**

TO SCHOOL OF FOREIGN LANGUAGE DIRECTORATE

I’m a student of your school with student number \_\_\_\_\_\_\_\_\_\_\_\_\_ in level \_\_\_\_\_\_\_\_\_\_ class GER100. I could not attend the classes because of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_between \_\_ / \_\_ / and\_\_\_\_\_\_. The relevant document is attached.

I would like your information and your consent.

 Date

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

 Name:

 Surname:

 Signature:

 Student e-mail: