**ALTINBAS UNIVERSITY**

TO SCHOOL OF FOREIGN LANGUAGE DIRECTORATE

I’m a student of your school’s\_\_\_\_\_\_\_\_\_\_\_\_\_ department and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_faculty with student number \_\_\_\_\_\_\_\_\_\_\_\_\_ In 20…./20… Academic Year, I would like to take Turkish exemption exam for the foreign students to be exempled from TURK101 and TURK102.

I would like your information and your consent.

 Date

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

 Name & Surname:

Signature:

 Student E-Mail:

 Phone Number