

Optional format Ex No: 1

dd/mm/yyyy

Eastern Mediterranean University

Faculty of Pharmacy

To the Dean Office;

I would like to inform you that I will start my Traineeship at the .....

(Details provided below). The planned dates are dd/mm/yyyy to dd/mm/yyyy.

Yours Faithfully,

Name:

Signature:

Student No:

Degree Program:

**Traineeship Place;**

Postal Address:

E-mail Address:

Web Address (If any):

Tel:

Fax: