**ECZAKDER**

**ASSESSMENT AND MONITORING VISIT TEAM (DİZE)**

**LEAVING NOTIFICATION**

**(DİZE D-FORM 3)**

Institution:.......................... University, Faculty of Pharmacy

Visit Date: … / … / 20

Assessment and Monitoring Visit Team:

President .......................................... *(signature)*

Member ............................................. *(signature)*

Member ............................................. *(signature)*

Member ............................................. *(signature)*

*Faculty Member............................................(signature)*

*Faculty Member............................................(signature)*

This notification is not an early explanation of the accreditation suggestions. It should contain the information given below.

* Analysis of specific weaknesses and strong points.
* Emphasizing the positive aspects.
* Explaining the negative aspects in a constructive way.
* Highlighting innovative solutions and ideas.
* Explaining development possibilities.