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| **………………………………………....………….…..………..….……DEKANLIĞINA/MÜDÜRLÜĞÜNE**   |  |  |  | | --- | --- | --- | | **Adı Soyadı** | **:** |  | | **T.C. Kimlik Numarası** | **:** |  | | **Fakülte / Yüksekokul** | **:** |  | | **Bölümü / Programı** | **:** |  | | **Öğrenci Numarası** | **:** |  |   20.…/20... Eğitim-Öğretim Yılı Güz/Bahar sonu itibariyle azami öğrenim süremi tamamladım. Aşağıda belirtmiş olduğum derslerin Ek Sınavlarına girmek istiyorum.  Gereğini arz ederim.     |  |  | | --- | --- | |  | Tarih: …./.…/20..… | |  | İmza: |   **Adres:**  **Telefon/e-posta:**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Şube** | **Dersin Kodu** | **Dersin Adı** | **Kredi/ AKTS** | **Harf Notu** | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |