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| **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.

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|  | Tarih: …./.…/20..… |
|  | İmza: |

**Adres:****Telefon/e-posta:**

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| **Şube** | **Dersin Kodu** | **Dersin Adı** | **Kredi/ AKTS** | **Harf Notu** |
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