|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **ŞANLIURFA TEKNİK BİLİMLER MESLEK YÜKSEKOKULU 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** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

 |