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SINGLE COURSE EXAM APPLICATION FORM

FACULTY OF HEALTH SCIENCES
TO THE HEAD OF …… DEPARTMENT

I would like to take a single course exam for the course I have specified below, for which I have met the attendance requirement in order to graduate.

I respectfully request the necessary action

Tablo 1

Date : … / … / 20..
Name Surname :
Signature :

Please fill in all fields.

Student Number	
Department	
Mobile Phone	
E-mail Address	

The Course I Want to Take for a Single Course Exam			
Course Code	**Course Name**	**ECTS**	**Instructor**

This section will be filled out by the student's advisor.

Advisor's Opinion	☐ **CAN TAKE THE EXAM**	☐ **CANNOT TAKE THE EXAM**

Date : … / … / 20..
Advisor's Name and Surname :
Signature :