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| **HİLVAN MESLEK YÜKSEKOKULU MÜDÜRLÜĞÜNE**     |  |  |  | | --- | --- | --- | | **Adı Soyadı** | **:** |  | | **Kimlik Numarası** | **:** |  | | **Fakülte / Yüksekokul** | **:** |  | | **Bölümü / Programı** | **:** |  | | **Öğrenci No** | **:** |  |   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** | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |