**TO THE DEAN OF THE FACULTY OF MEDICINE**

I am a Phase ……….. student at Lokman Hekim University Faculty of Medicine. During the academic year 20……- 20……., I took the exam……………………… with the code ………………………………………………………………. I have an objection to the **EXAM RESULT** of the course committee / elective course named …………………………………………………………………………………………………….

I respectfully request that my objections be taken into account.

|  |  |  |
| --- | --- | --- |
| **Date** | **:** | …. / .… / 20… |
| **Name Surname** | **:** |  |
| **Signature** | **:** |  |
|  *(Please fill all the fields.)* |
| **Student number** |  |
| **Name and surname** |  |
| **ID Card Number** |  |
| **Mobile phone** |  |
| **E-mail address** |  |
| **Phase** |  |
| **Academic year** |  |
| **Code / Name of Objection Committee or Elective Course** |  |
| **Course Period (Excluding Committee Classes)** |[ ]  Fall |[ ]  Spring |
| **Reason for Objection to Exam Result****(Explain)** |  |

|  |
| --- |
| *(This section will be filled by the Board of Coordinators.)* |
| **Assigner** |  |
| **Evaluation Committee** | 1.2.3. |
| **Evaluation Result** |  |

**SIGN SIGN SIGN CHIEF COORDINATOR**

**REVİZYON BİLGİLERİ**

|  |  |  |
| --- | --- | --- |
| RevizyonNo | RevizyonTarihi | Revizyon Açıklaması |
| 0 | - | İlk yayın. |
|  |  |  |