**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)** |  | | | | | | |

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| --- | --- |
| *(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**

|  |  |  |
| --- | --- | --- |
| Revizyon  No | Revizyon  Tarihi | Revizyon Açıklaması |
| 0 | - | İlk yayın. |
|  |  |  |