**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……..the period of……………. I could not take the …………………………………………………………….. course committee / elective exam with the code of …………………… due to the excuse given in the appendix. I want my right to take the make up exam.

I respectfully submit it.

|  |  |  |
| --- | --- | --- |
| **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 the Committee or Elective Course Requested for Make-Up Exam** |  | | | |
| **Course Period (Excluding Committee Classes)** |  | Fall |  | Spring |
| **Reason for Request for Make-up Exam**  **(Provided Health Report will be briefly explained)** |  | | | |

**REVİZYON BİLGİLERİ**

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