**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 following **QUESTION/ANSWER** in the course committee / elective course exam.

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 Objected Committee or Elective Course** |  |
| **Course Period (Excluding Committee Classes)** |[ ]  Fall |[ ]  Spring |
| **Objected Question/Answer** |  |
| **Question/Answer Reason for Objection (Explain)** |  |
| **At least two references for the Question/Answer Objection** | 1.2. |

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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**

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