I am a Phase I student at Lokman Hekim University, Faculty of Medicine with the number………. I enrolled in the Elective Courses that I specified below in the Fall Semester of the …………… academic year.

I would appreciate your prompt attention to this matter.

|  |  |  |
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| **Elective Course** | **Course Instructor** | **ECTS** |
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| --- | --- | --- | --- | --- |
| **Student** |  | **Supervisor** |  | |
| Name-Surname |  | Name-Surname |  | |
| Studet Number |  | Signature | |  |
| Signature |  | | | |
| Phone Number |  | | | |
| E-mail |  | | | |

**REVİZYON BİLGİLERİ**

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