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| **………………………… DEKANLIĞINA/MÜDÜRLÜĞÜNE**  ……/…../20….-……/…../20…. tarihinde/tarihleri arasında …………………………(Görevli/İzinli/Raporlu) olmam nedeniyle gerçekleştiremeyeceğim dersler için aşağıda sunulan telafi programının kabulü hususunda;  Bilgilerinizi ve gereğini arz ederim.  **Dersin Sorumlusu**  Adı ve Soyadı :  Tarih :  İmza :   |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Dersin**  **Kodu** | **Dersin Adı** | **Bölüm/**  **Program/**  **Anabilim Dalı** | **I.Ö / II.Ö / Uzaktan Eğt.** | **T** | **P** | **Dersin Yapılamadığı** | | **Telafinin Yapılacağı** | | | | **Tarih** | **Saat** | **Tarih** | **Saat** | **Derslik** | |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |   Yukarıda adı geçen ders / derslerin telafisi uygun bulunmuştur.  **……………… Başkanı**  Adı ve Soyadı:  Tarih:  İmza:    **EK:**  1- Görevlendirme Yazısı  2- Diğer |