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| |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | **ÖĞRETİM ELEMANI BİLGİLERİ:** | | | | | | | | | **Ad-Soyadı:** | |  | | | | | | | **Kurum Sicil No:** | |  | | | | | | | **Anabilim Dalı:** | |  | | | | | | | **Ders Telafi Nedeni:** | | Görev/Toplantı/Konferans  Rapor  İzin  Sevk | | | | | | | **Mazeretin** | | **Başlangıç Tarihi:** | | | **Bitiş Tarihi:** | | | | **İzinde Bulunacağı Adres:** | | | | | | | | | **Telefon:** | | | | | | | | | **TELAFİ EDİLECEK** | | | | | | | | | **Dersin Kodu Adı** | **Anabilim Dalı** | | **Programdaki** | | | **Telafi Edileceği** | | | **Günü** | **Saati** | | **Günü** | **Saati** | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  |  |  | | --- | | **T.C.**  **YOZGAT BOZOK ÜNİVERSİTESİ**  **LİSANSÜSTÜ EĞİTİM ENSTİTÜSÜ**  **…………………………………. ANABİLİM DALI BAŞKANLIĞI’NA**  **........../........../20.......**  Mazeretimden dolayı haftalık ders programındaki gününde yapamadığım ve yukarıda belirtilen ders/derslerin telafisini yapabilmem hususunda,  Durumu ve gereğini bilgilerinize arz ederim.  Öğretim Elemanı Ad-Soyadı  İmza  **........../........../20.......**  **UYGUNDUR**  Anabilim Dalı Başkanı Ad-Soyadı  İmza |   **EK:** Mazeret Belgesi  **Açıklama:** Bu formla birlikte normal haftalık ders programı da gönderilecektir. |