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| |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | Soru itirazında bulunabilmek için öğrencinin aşağıda belirtilen alanları eksiksiz olarak doldurup, itiraz edilen sorunun gerekçelerini, akademik kaynaklar*(ders notları, ders kitabı, güvenilir bilimsel kaynaklar)* ile destekleyerek hazırlar ve sınavın yapıldığı günü takip eden **2 (iki) iş günü** içinde mesai bitimine kadar öğrenci işlerine ıslak imzalı olarak teslim etmesi gerekir. | | | | | | | | | **I. ÖĞRENCİ BİLGİLERİ** | | | | | | | | | **Adı Soyadı** |  | | | | **Numarası** | |  | |  | | | | | | | | | **II. SINAV BİLGİLERİ** | | | | | | | | | **FAZ I** | | | | **FAZ II** | | | | | **Sınıf** | | **□** 1 **□** 2 **□** 3 | | **Sınıf** | | **□** 4 **□** 5 | | | **Kurul** | |  | | **Klinik Uyg. Adı** | |  | | | **Alt Ders Adı** | |  | | | **Sınav Tarihi** | |  | | **Sınav Tarihi** | |  | | | **Sınav Tipi** | | **□** Teorik **□** Uygulama | |  | | **□** Teorik **□** Pratik | | |  | | |  | | | | | | **III. İTİRAZ BİLGİLERİ** | | | | | | | | | **İtiraz Başvuru Tarihi** | | |  | | | | | | **İtiraz Edilen Soru No** | | |  | | | | | | **İtiraz Gerekçesi** | | |  | | | | | | **İtiraz edilen Soru Kalıbı** | | |  | | | | | | Yukarıda belirtilen ve ekte detaylı gerekçesi ile itiraz sorunun incelenmesi hususunda gereğini arz ederim.  İtirazda bulunan öğrencinin imzası | | | | | | | | |