|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| T.C.  YOZGAT BOZOK ÜNİVERSİTESİ  LİSANSÜSTÜ EĞİTİM ENSTİTÜSÜ  ………………. ANABİLİM DALI BAŞKANLIĞINA  Mazeretimden dolayı haftalık ders programındaki gününde yapamadığım ve aşağıda belirtilen ders/derslerin telafisini yapabilmem hususunda;  Bilgilerinizi ve gereğini arz ederim.  ..../..../20....  İmza  Prof. Dr. ………………..   |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | ÖĞRETİM ELEMANI BİLGİLERİ | | | | | | | | | | Adı Soyadı: | | |  | | | | | | | T.C. Kimlik No: | | |  | | | | | | | Anabilim Dalı: | | |  | | | | | | | Ders Telafi Nedeni: | | | Görevlendirme (Toplantı/Konferans vb.)  Rapor  Sevk | | | | | | | Mazeretin | | | Başlangıç Tarihi: | | | Bitiş Tarihi: | | | |  | | |  | | |  | | | | TELAFİ EDİLECEK DERSİN | | | | | | | | | | Kodu | Adı | Anabilim Dalı | | Ders Programındaki | | | **Telafi Edileceği** | | | Günü | Saati | | **Günü** | **Saati** | |  |  |  | |  |  | |  |  | |  |  |  | |  |  | |  |  | |  |  |  | |  |  | |  |  |   **Not:** 1. Telafi dersi, telafi başvuru tarihinin en az 10 gün sonrasında yapılacak şekilde planlanmalıdır.  UYGUNDUR  ....../...../20.....  İmza  Prof. Dr. ……………  Anabilim Dalı Başkanı  EKLER:  1. Ders telafi nedenine ilişkin mazeret belgesi  2. Haftalık ders programı  \* Bu form ve eki/ekleri(varsa) üst yazıyla birlikte Enstitü Müdürlüğüne gönderilmelidir. |