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| |  | | --- | | 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,  Gereğini bilgilerinize arz ederim. ..../..../20....  Öğretim Elemanı Ad-Soyadı  İmza |   EK: Mazeret Belgesi  Açıklama: Bu formla birlikte normal haftalık ders programı da gönderilecektir.   |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | ÖĞRETİM ELEMANI BİLGİLERİ | | | | | | | | | | Ad-Soyadı: | | |  | | | | | | | Kurum Sicil No: | | |  | | | | | | | Anabilim Dalı: | | |  | | | | | | | Ders Telafi Nedeni: | | | Görev/Toplantı/Konferans  Rapor  İzin  Sevk | | | | | | | Mazeretin | | | Başlangıç Tarihi: | | | Bitiş Tarihi: | | | |  | | |  | | |  | | | | TELAFİ EDİLECEK DERSİN | | | | | | | | | | Kodu | Adı | Anabilim Dalı | | Ders Programındaki | | | **Telafi Edileceği** | | | Günü | Saati | | **Günü** | **Saati** | |  |  |  | |  |  | |  |  | |  |  |  | |  |  | |  |  | |  |  |  | |  |  | |  |  |   **Not: Telafi dersi, telafi başvuru tarihinin en az 10 gün sonrasında yapılacak şekilde planlanmalıdır.**  ....../...../20.....  UYGUNDUR  Anabilim Dalı Başkanı Ad-Soyadı  İmza |