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| **………………………………...………..………..….……DEKANLIĞINA/MÜDÜRLÜĞÜNE/BAŞKANLIĞINA**     |  |  |  | | --- | --- | --- | | **Adı Soyadı** | **:** |  | | **T.C. Kimlik Numarası** | **:** |  | | **Fakülte / Yüksekokul** | **:** |  | | **Bölümü / Programı** | **:** |  | | **Öğrenci Numarası** | **:** |  |   **İSTEK:**    Gereğini arz ederim.     |  |  | | --- | --- | |  | Tarih: …./.…/20..… | |  | İmza: |   **Adres:**  **Telefon/e-posta:**  **Ekler:** |