**T.C.**

**SİVAS UNIVERSITY OF SCIENCE AND TECHNOLOGY**

**DIRECTORATE OF SCHOOL OF FOREIGN LANGUAGES**

**Head of Foreign Languages Department**

I am a student in……………….........……………….Faculty / Department

I am a prep school student and my student number is ………………………….. …./…./…… ……/…../……..to the course completion exam held on…..……………………………………….. about taking the make-up exam because I could not attend.

I submit it accordingly. ……./….…/…..……

Date:

Name – Surname:

Signature:

Enrolled faculty:

Enrolled department:

Student Number:

Turkish citizen number:

Phone number:

**EK:** ………( Related Health Report, Assignment Letter etc.)