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| **T.C.**  **BURDUR MEHMET AKİF ERSOY ÜNİVERSİTESİ**  **GÖLHİSAR MESLEK YÜKSEKOKULU MÜDÜRLÜĞÜNE**  **………………………………………………BÖLÜM BAŞKANLIĞINA**  ………….………. tarihleri arasında …………….. olmasından dolayı yapılmayan derslerin telafi programının ………………….. tarihlerinde aşağıdaki telafi programı tablosunda belirtildiği gibi yapılmasını talep ediyorum.  Bilgilerinizi ve gereğini arz ederim.  İmza  ……./……./……… Adı Soyadı  **TELAFİ PROGRAMI**  **(Öğr. Gör. )**   |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Normal Program** | | | | |  | **Telafi Programı** | | | | **Ders Adı** | **Bölüm** | **Sınıf** | **Tarih** | **Saat** |  | **Tarih** | **Saat** | **Sınıf** | |  |  |  |  |  | → |  |  |  | |  |  |  |  |  | → |  |  |  | |  |  |  |  |  | → |  |  |  | |  |  |  |  |  | → |  |  |  | |  |  |  |  |  | → |  |  |  | |  |  |  |  |  | → |  |  |  | |  |  |  |  |  | → |  |  |  | |  |  |  |  |  | → |  |  |  | |
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