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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. )**

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| **Normal Program** |  | **Telafi Programı** |
| **Ders Adı** | **Bölüm** | **Sınıf** | **Tarih** | **Saat** |  | **Tarih** | **Saat** | **Sınıf** |
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