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| |  |  | | --- | --- | | Fakülte /YO/ MYO Adı |  | | Adı Soyadı |  | | T.C. Kimlik No |  | | Öğrenci No |  | | Program/Sınıf |  | | Eğitim Öğretim Yılı ve Dönemi | 20……/20……. -  Güz  Bahar  Yaz | | Telefon |  | | E-posta | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_@ uludag.edu.tr |   Aşağıda belirtmiş olduğum derslere Öğrenci Otomasyon Sisteminde kaydımın yapılmasını arz ederim.   |  | | --- | | .…/…./20…. | | İmza |   **Silinen Ders/ Derslerin;**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Kodu** | **Adı** | **Türü**  **(Z/S)** | **Kr.** | **Açıklama** | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  |   **Eklenen Ders/ Derslerin;**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Kodu** | **Adı** | **Türü**  **(Z/S)** | **Kr.** | **Dersin Alınacağı Bölüm** | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |