|  |
| --- |
| BURSA ULUDAĞ ÜNİVERSİTESİSağlık Hizmetleri Meslek Yüksekokulu Müdürlüğüne |
| ADI  |  | NUMARASI |  |
| SOYADI |  | PROGRAMI |  |
| KONU:  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  Adres : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ İmza : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tarih : \_\_\_ /\_\_\_/20\_\_\_\_Telefon: ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_e-posta: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ @ogr.uludag.edu.tr |

 **Lütfen dilekçenizi okunaklı ve itinalı yazınız.**