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| Date : … / … / ……I am a student of the Master's /Doctoral program of .............…………………………………….…. of the Graduate Education Institute Directorate of your University. My education and contact information are indicated below. Due to the reason documented in the attachment, I could not attend my exams. I kindly request to be granted the right to take the makeup exam.

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| **Name Surname** |  |
| **R.T. ID No** |  |
| **Student No** |  |
| **Program Title** |  |
| **Program Type*****(For example: Master's Degree with Thesis, Master's Degree Non-Thesis, PhD)*** |  |
| **Reasons for Inattendance*****(Student's reasons for nonattendance must be documented and submitted attached to this document)*** |  |
| **Course Information Requested for the Makeup Exam Due to the Reasons for Nonattendance** |
| **Course Name** | **Title / Name / Surname of the Lecturer** |
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| **Signature** |  |

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