**T.C.**

**İSTANBUL GELİŞİM ÜNİVERSİTESİ REKTÖRLÜĞÜ**

**Sınav Notunun İtirazı Dilekçesi**

**Examination Grade Objection Form**

**.... / …. / 20….**

**LİSANSÜSTÜ EĞİTİM ENSTİTÜSÜ MÜDÜRLÜĞÜNE**

***TO THE DIRECTORATE OF INSTITUTE OF GRADUATE STUDIES***

Aşağıda belirtmiş olduğum dersin sınav kâğıdını incelenerek maddi hata bulunup bulunmadığının tespiti hususunda gereğinin yapılmasını arz ederim.

I kindly request you to examine the exam paper of the mentioned above and confirm if there is any mistake in terms of my score.

**Dönem / *Semester:***

20…/20… (Güz / Fall) - (Bahar / Spring)

**Öğrencinin Bilgileri */ Student’s Information:***

Ad, Soyad / Name, Surname: ……………………………………………………………………………...….….……

Öğrenci No / Student Number: ………………………………………………………………….……………..………

T.C. Kimlik No / ID number ……………………………………………………………………………….….………

Bölüm / Program: …………………………………………………………………………………………...................

GSM No. / Cell Phone: ………………………………………………………………………………..……………….

E-posta / E-mail: ………………………………………………………………………………………..………...........

**Ders Bilgisi / *Course Information:***

|  |  |
| --- | --- |
| * VİZE */ MIDTERM*
 | * FİNAL */ FINAL*
 |
| * MAZERET */ EXCUSE EXAM*
 | * BÜTÜNLEME */ MAKEUP EXAM*
 |

Dersin Adı / Course name: ……………………………………………………………………………………………..

Ders kodu / Course code: …………………………………………………………………………...…………………..

Alınan not / Score: …………………...……....................................................................................................................

Öğretim Elemanı / Instructor: ……………………………….………………………………………….........................

**Öğrenci Adı-Soyadı** /*Student Name-Surname*

**İmza** / *Signature*

**İtiraz Sonucu İle İlgili Bölüm */ The Section Related The Appeal Result:***

Adı geçen öğrencinin sınav kağıdı yeniden incelenerek ………… olan not durumu …………... olarak değişmiştir / değişmemiştir.

*The exam paper of the student mentioned was examined and his/her score which is ……………… has been changed as ……………… / is as same.*

**Öğretim Üyesinin Adı, soyadı - İmzası**

 *Instructor Name, Surname – Signature*

 *…/…/20…*