**T.R.**



**NİĞDE ÖMER HALİSDEMİR UNIVERSITY**

**DIRECTORATE OF GRADUATE SCHOOL OF EDUCATIONAL SCIENCES**

**COURSE EXEMPTION PETITION**

… / … / 20…

**DIRECTORATE OF THE DEPARTMENT OF …………………………**

I am a student registered at ………. (Department), ……...(Discipline) in ………... term. I took and succeeded the courses listed below when I was a student at ……….. I would like those courses to be considered equivalent and to be exempt from them;

I kindly request you to take necessary action

Name Surname :

Signature :

Address :

….............................................................

….............................................................

Phone Number:..................................................

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| **Of the courses taken at the previous university** | | | | | **Of the courses equivalent at our institute** | | | | | | |
| **Name** | **T** | **P** | **K** | **Grade** | **O.Code** | **Name** | **T** | **P** | **K** | **Grade** | **Exemption** |
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Attachments: Transcript (… .... page)

Course contents (… .... page)