



**ÜSKÜDAR
UNIVERSITY**

SINGLE COURSE EXAM FORM

Name Surname: Class:
Student No: Phone No:
Faculty/VS: E-mail:
Dept./Program: Date:/...../.....
Form No (It is filled by the Dean's Office/The Directorate.):

**TO THE DEAN'S OFFICE OF THE FACULTY OF / THE DIRECTORATE
OF VOCATIONAL SCHOOL OF.....**

I am your student of your Faculty/Vocational School with the above-mentioned credentials.
In order to graduate at the end of the.....-..... academic year, I kindly request to take a single course exam
for the course I stated below.

Kindly submitted for necessary action.

.....
(Student's Signature)

Appendix: Transcription (Approved by Advisor)

COURSE CODE	COURSE TITLE	ECTS	TEACHER OF THE COURSE