|  |  |
| --- | --- |
|   | Date: / /20 |
| Committee Exam | Committee Name |  |
| Related Course Name |  |
| Program Specific Course Exam | Course Name |  |
| Type of the Course |
| [ ]  Yearly  | Semester |
| [ ]  Fall | [ ]  Spring |
| Year | [ ]  I | [ ]  II | [ ]  III | [ ]  IV | [ ]  V | [ ]  VI |
| The Academic Year |  |
| Student Name & Surname |  |
| Student Number |  |
| Student e-mail Address | @std.medipol.edu.tr |
|  |
| Objection Statement |  |
| Details of the Objection |
| No. | Subject / Subtitle | Question No. | Reason | Supporting Resources |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |

**INTERNATIONAL SCHOOL OF MEDICINE**

**EXAM OBJECTION FORM**

## Name & Surname

 Signature