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|  | | | | | | | | | | 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 | | | | |
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**INTERNATIONAL SCHOOL OF MEDICINE**

**EXAM OBJECTION FORM**

## Name & Surname

Signature