**THREE COURSE EXAMS APPLICATION FORM**

….../….../…….

**TO THE DEAN / VOC. SCHOOL DIRECTORATE OF ………………………………………………………………………… FACULTY**

I am a student of your faculty’s/ vocational school’s ………………………………… department.

To be able to graduate at the ………………… semester of the ………………. Academic Year, I would like to use my right to take the three course exams for the courses whose names and codes are mentioned below.

I kindly request your information.

**Name Surname :**

**Student Number :**

**Department Name :**

**Email :**

**Phone Number :**

**Signature:**

***Three Course Exams Regulation Article: ARTICLE 26 - (1) e)*** *Students who fail a maximum of three courses, despite meeting the requirements for graduation, are given the right to take an exam for these courses with the decision of the relevant unit's board of directors. The student's status of success regarding these courses is determined only by the grades they receive from these exams. Students can take three course exams, if they have completed their obligations such as internship, clinical practice, and project. In an academic year, three course exams are held at the end of the fall and spring semesters as well as after final exams that are held at the end of the summer school period. Financial provisions regarding three course exams are determined by the Board of Trustees.* ***(Fenerbahçe University Associate and Undergraduate Education Regulation)***

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Course Code** | **Ders Name** | **Course Instructor Name and Surname** |
| **1** |  |  |  |
| **2** |  |  |  |
| **3** |  |  |  |

**Advisor Approval Financial Affairs Directorate**

Name - Surname: Name – Surname:

Date - Signature: Date – Signature: