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| Date : … / … / ……  I am a student of the Master's /Doctoral program of .............…………………………………….…. of the Graduate Education Institute Directorate of your University. My education and contact information are indicated below. Due to the reason documented in the attachment, I could not attend my exams. I kindly request to be granted the right to take the makeup exam.   |  |  | | --- | --- | | **Name Surname** |  | | **R.T. ID No** |  | | **Student No** |  | | **Program Title** |  | | **Program Type**  ***(For example: Master's Degree with Thesis, Master's Degree Non-Thesis, PhD)*** |  | | **Reasons for Inattendance**  ***(Student's reasons for nonattendance must be documented and submitted attached to this document)*** |  | | **Course Information Requested for the Makeup Exam Due to the Reasons for Nonattendance** | | | **Course Name** | **Title / Name / Surname of the Lecturer** | |  |  | |  |  | |  |  | |  |  | |  |  | | **Signature** |  | | | |
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