



## Unlimited Exam Rights Form

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<b>Student</b>	Name-Surname:
	Number:
	Department :
	Semester:
	CGPA :
	Credits Taken /Number of Semester Compulsory Courses:
	Completed Credits:
	E-Mail :
	Tel : GSM:

Course(s) with Unlimited Exam Rights;

Code	Title	Code	Title

Signature:

Advisor's Detailed Comments

Name, Surname:

Signature:

### Attachments:

Transcript  
Course Schedule