

OSTİM TECHNICAL UNIVERSITY
FACULTY OF ENGINEERING

In order to graduate, I would like to take the exams for the courses listed below, for which I have fulfilled the attendance requirement, in accordance with Article 32 of the OSTİM Technical University Associate and Undergraduate Degree Regulations.

Respectfully submitted for your consideration.

Date :
Full Name :
Signature :

Student Number	
Department	
Phone Number	
Email Address	

Courses I Would Like to Take the Single Course Exam For			
Course Code	Course Name	ECTS	Instructor

Advisor's Approve	<input type="checkbox"/> Eligible to Take The Exam	<input type="checkbox"/> Not Eligible to Take The Exam
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Date :
Advisor's Full Name :
Signature :