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| **FORM–5**giresun_uni_2006_  **T.C.** **GİRESUN ÜNİVERSİTESİ****SAĞLIK BİLİMLERİ ENSTİTÜSÜ****DERS SAYDIRMA İŞLEM FORMU**…….../…..../20….SAĞLIK BİLİMLERİ ENSTİTÜSÜ MÜDÜRLÜĞÜNEÖğrencininNumarası :....................................................................................................................Adı, Soyadı :....................................................................... İmzası :……………..Anabilim Dalı (Bölümü) :....................................................................................................................Programı : [ ]  Yüksek Lisans [ ]  DoktoraPrograma Başlama Tarihi :....................................................................................................................

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**\*Statüsü:** ÖÖ: Özel Öğrenci, BH: Bilimsel Hazırlık, KS: Kaydının Silindiği Program BÜ: Başka Üniversiteden (Aldığı notu gösterir belge ile başvurulmalıdır). **....................................................... ………...........................................** **Danışman Anabilim Dalı Başkanı**Kontrol Eden Görevli Adı Soyadı :..........................................................İmzası :.......................................................... **ENSTİTÜ YÖNETİM KURULU KARARI Tarih : ........**/**........**/20**..... Karar No:**Yukarıdaki ………………………….no’lu dersler yönetim kurulumuzca uygun bulunmuştur.**UYGUNDUR UYGUN DEĞİLDİR**  **………………………………..** **Enstitü Müdürü****AÇIKLAMA:**  |