**2019-2020 Academic Year**

**Faculty of Dentistry**

**Single Course Exam Application Form**

|  |  |
| --- | --- |
| **Student number** |  |
| **Student name-surname** |  |
| **Advisor** |  |
|  | |
| **Details of the course for single course exam** | |
| **Code** |  |
| **Name** |  |
| **Lecturer in charge** |  |
| **Grade** |  |

I confirm that I have received DD or higher grades for all courses that I took during the 2019-2020 Academic Year, except for the course above.