**Near East University Faculty of Dentistry**

**2024-2025 Academic Year**

**Single Course Exam Application Form**

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| --- | --- |
| **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 (excluding common courses such as English, Turkish Language for Foreign Students, Atatürk’s Principles and History of Revolution, Campus Orientation, Career Planning, and elective courses) that I took during the 2024-2025 Academic Year, except for the course above.

Application date: