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TO ISTINYE UNIVERSITY _____ FACULTY/VOC. SCHOOL DIRECTORATE,

I am a student studying at _____ Faculty / Vocational School / Institute
Department / Program, with the student number _____

I kindly request that the necessary action be taken in order to take the grade increasing exam from the course (s) I have mentioned below. I accept and declare that there is no excuse for the right to increase the grade and if I fail as a result of the exam (s), I will register for the course (s) in the first semester of the course (s).

STUDENT NUMBER

STUDENT'S NAME AND SURNAME

SIGNATURE

COURSE CODE	COURSE NAME	ECTS VALUE

INFORMATION ON GRADE INCREASING EXAMS:

- Upon the decision of the relevant unit board of directors, students who have successfully completed all of their courses, but failed to achieve the required grade point average for graduation, are given the right to increase the grade in at most three courses that they have determined with a conditionally passing grade.
- The grade increasing exam is held within the period specified in the academic calendar.
- If the graduation right is not earned as a result of the grade increasing exams, the provisions regarding course repetition are applied.
- The grade increasing exam does not have an excuse.

EVALUATION RESULT (To be filled in by the Faculty / Vocational School / Institute Secretariat.)

FACULTY / VOCATIONAL SCHOOL NAME	EVALUATION:	FACULTY / VOCATIONAL SCHOOL / INSTITUTE ADMINISTRATIVE BOARD DECISION DATE AND NUMBER	EXPLANATION
	<input type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED		