

ACADEMIC DEFICIENCY FORM							
Document No	Pub. Date	Rev. No / Rev. Date	Page No				
KYS-LPE-FR-02_ENG	09.07.2021	1 / 10.02.2025	1 / 1				

STUD	ENT's					
Full N	ame					
Studen	nt ID Number					
	Graduate Program					
Undergraduate Degree and Granting University						
Year and Period of the Program			202	/ 202	□ Fall	□Spring
Duration			☐ One Se	mester 🗆 Two Se	emesters	
	on an evaluation on an evaluation of the control of		-	rses that the stude	ent should take	for the Academic
PROG in this o	RSES REQUIRE GRAM (A grade of category must be at	f CC or higher is least 2.50/4.00.)	required for			
No	Course Code	Course Nam	ie			
1						
2						
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5						
(Appro	RSES PERMITT wal of the Executiv of the credit total of Course Code	e Board of the C	Graduate Sch			
1	course coue	Course Hain				
2						
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STUDENT				PRO	GRAM DIREC	CTOR
Date / Name-Surname / Signature BAŞVURU İÇİN TALEP EDİLEN BEJ					fame-Surname / S	ignature
 Başv Öğre Disi 	vuru Formu enci Belgesi				ranskriptte belirtil	miș ise ayrıca belge

Commented [CBU1]: Talep edilen bilgileri varsa, yazınız.

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