

**INTERNATIONAL SCHOOL OF MEDICINE  
EXAM OBJECTION FORM**

						Date: / /20
Committee Exam	Committee Name					
	Related Course Name					
Program Specific Course Exam	Course Name					
	Type of the Course					
	<input type="checkbox"/> Yearly			Semester		
				<input type="checkbox"/> Fall	<input type="checkbox"/> Spring	
Year	<input type="checkbox"/> I	<input type="checkbox"/> II	<input type="checkbox"/> III	<input type="checkbox"/> IV	<input type="checkbox"/> V	<input type="checkbox"/> VI
The Academic Year						
Student Name & Surname						
Student Number						
Student e-mail Address	@std.medipol.edu.tr					
Objection Statement						
Details of the Objection						
No.	Subject / Subtitle	Question No.	Reason		Supporting Resources	
1						
2						
3						
4						

Name & Surname  
Signature