

… / … / ……..

THREE COURSE DISCOUNT PETITION

 **TO THE DEAN'S OFFICE OF THE FACULTY OF DENTISTRY**

I am a student of your faculty, department of ……………………….., numbered ………..…. 20...-20 Academic

As of the year 2018, I have exceeded my normal education period.

I will take lessons during ..….. period. For this reason, I want to benefit from a 3-lesson discount.

**Name/Surname/Signature**

Lessons I will take;

1. course code……….. course name:………………………………..
2. course code……….. course name: ………………………………..
3. course code: ……….. course name: ………………………………..

**Advisor Approval**

Advisor Name and Surname:

……………………………………..

Approval Date : ….…………………………………. Advisor explanation :

………………………………………………………………………………………………………

…………………………………

**Advisior Signature**