**CONFIRMATION OF FAILED COURSES**

Hereby, we confirm that;

**Name:** ………………………..

**Surname:** ……………………………………….. from Trabzon University, Turkey failed or did not attend the courses written below.

1. **Course Code:** ………………………..

**Course Name:** ………………………..

**ECTS Credits:** ………………………..

1. **Course Code:** ………………………..

**Course Name:** ………………………..

**ECTS Credits:** ………………………..

1. **Course Code:** ………………………..

**Course Name:** ………………………..

**ECTS Credits:** ………………………..

(to be continued, if necessary)

**Date:** … /… /20…

**Signature**

Assoc. Prof. Dr. Zühal DİNÇ ALTUN

**Official Stamp**: