**فرم درخواست آموزشی**

**دانشکده مهندسی کامپیوتر**

**توجه: فقط در صورتی از این فرم استفاده کنید که فرم خاصی برای درخواست شما وجود نداشته باشد.**

نام و نام خانوادگی: ........................................................................................................................................................................... شماره دانشجویی: ................................................................

رشته و گرایش تحصیلی: ................................................................................................................................. روزانه € شبانه € مجازی € ارشد € دکتری €

استاد راهنما: ...................................................................................................................

شرح درخواست آموزشی : .............................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................

 امضاء دانشجو....................................................

 تاریخ....................................................

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| نظر استاد راهنما: ...................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................... امضاء استاد راهنمانظر گروه:.................................................................................................................................................................................................................................................................................................................................................... ................................................................................................................................................................................................................................................................................................................................................... امضاء مدیر گروه |

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| تایید مسئول تحصیلات تکمیلی:..................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................تاریخ تصویب در شورای تحصیلات تکمیلی امضاء مسئول تحصیلات تکمیلی |