**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 راهنما  نظر گروه:  .................................................................................................................................................................................................................................................................................................................................................... ...................................................................................................................................................................................................................................................................................................................................................  امضاء مدیر گروه |

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