# T.C.

# KASTAMONU ÜNİVERSİTESİ

**SPOR BİLİMLERİ FAKÜLTESİ DEKANLIĞINA**

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**Salonu Kullanmayı Talep Eden Kişinin;**

|  |  |
| --- | --- |
| TC Kimlik No |  |
| Adı Soyadı |  |
| Görev Yaptığı Birim |  |
| Adres |  |
| Telefon |  |
| Kullanmayı Talep Ettiği Salon |  |

Talep;

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Gereğini bilgilerinize arz ederim.

İMZA