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| logo | **BANDIRMA ONYEDİ EYLÜL ÜNİVERSİTESİ**  **SAĞLIK BİLİMLERİ ENSTİTÜSÜ**  ....................  .......... / .......... **YARIYILI**  **HAFTALIK DERS PROGRAMI TEKLİF FORMU** | Dök. No:  Sayfa No:1/1 |

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| **GÜN** | **SAAT** |  | | | |  | | | |
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| **PAZARTESİ** | **08.45-09.30** |  |  |  |  |  |  |  |  |
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| **15.20-16.05** |  |  |  |  |  |  |  |  |
| **16.10-16.55** |  |  |  |  |  |  |  |  |
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| **ÇARŞAMBA** | **08.45-09.30** |  |  |  |  |  |  |  |  |
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| **PERŞEMBE** | **08.45-09.30** |  |  |  |  |  |  |  |  |
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