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**T.C.**

**YAŞAR ÜNİVERSİTESİ**

**Unit for Students with Disability**

**Commitment Document for Exam Applications for Students with Disabilities**

Within the scope of Yaşar University’s "Principles and Procedures for Education and Examinations for Disabled Students", I promise that I will not give any assistance to the candidate/student in answering the exam questions by following the exam rules during the exam of the course detailed below, in which I was assigned as a reader/marker/supervisor/shadow teacher.

Signature

Name & Surname

(Reader/Marker/Supervisor/Shadow Teacher)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Student Name/Surname & Number** | **Department/ Program** | **Course Code & Title** | **Exam Date** | **Exam Location & Time** |
|  |  |  |  |  |