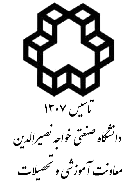
****«باسمه تعالی»

شماره: ...............................

تاریخ: .................................

مشخصات دانشجو:

نام و نام خانوادگی: ....................................................................................................................... رشته تحصیلی: ...................................................................................................................................

شماره دانشجویی: .......................................................................................................................... مقطع تحصیلی: ..................................................................................................................................

ترم تحصیلی: ..................................................................................................................................... نام استاد راهنما: ................................................................................................................................

شماره تلفن همراه: ........................................................................................................................ نشانی پست الکترونیک: ................................................................................................................

دلیل نیاز به خوابگاه:

لطفاً در چند سطر شرح کوتاهی از وضعیت آموزشی خود و دلایل نیاز مبرم به اخذ خوابگاه را بیان کنید. (فرم تکمیل شده را به پست الکترونیک معاونت آموزشی و تحصیلات تکمیلی به نشانی **academic@kntu.ac.ir** ارسال نمایید.)

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امضاء دانشجو

**نتایج پیگیری و دستورات:**

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