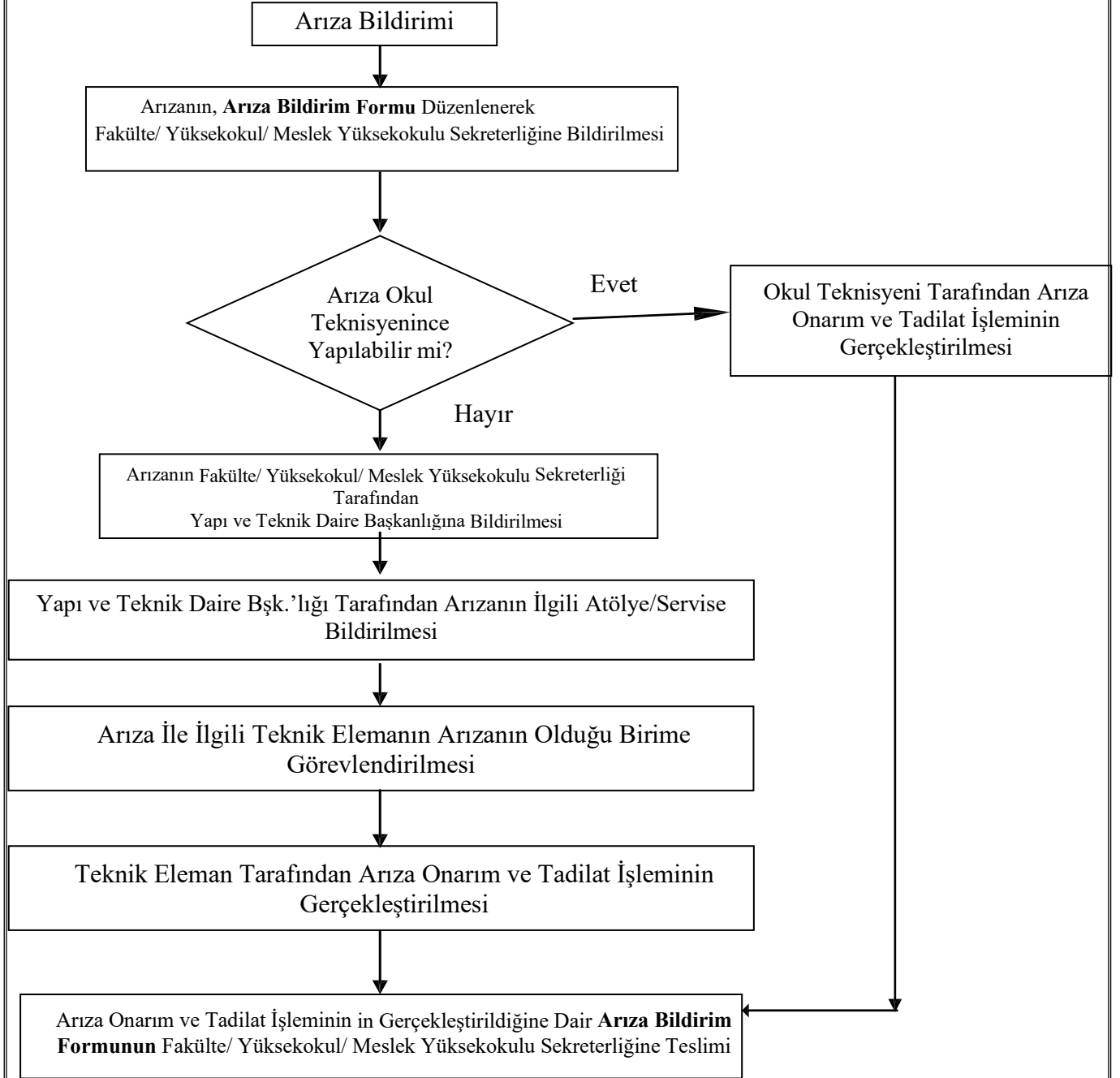




**DOKÜMAN ADI**  
**SAĞLIK BİLİMLERİ FAKÜLTESİ**  
**ARIZA ONARIM SÜREÇ ŞEMASI**

<b>DOKÜMAN NO</b>	<b>0015.ŞM.42</b>
<b>BASKI NO/TARİH</b>	<b>30.10.2023</b>
<b>REVİZYON NO/TARİH</b>	<b>30.10.2023</b>
<b>SAYFA NO</b>	<b>1/1</b>



**HAZIRLAYAN**  
**YÖNETİM TEMSİLCİSİ**

**ONAYLAYAN**  
**DEKANLIK MAKAMI**