

**BAHCESEHIR UNIVERSITY**  
**FACULTY OF HEALTH SCIENCES**  
**DEPARTMENT OF NUTRITION AND DIETETICS**  
- ATTENDANCE LIST -

NAME OF THE INSTITUTION:

STUDENT NAME AND SURNAME:

DATE:	SIGNATURE (STUDENT)	SIGNATURE (AUTHORITY)
1st DAY:		
2nd DAY:		
3rd DAY:		
4th DAY:		
5th DAY:		
6th DAY:		
7th DAY:		
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18th DAY:		
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20th DAY:		
21st DAY:		