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|  | | | **بسمه تعالی**  **دانشگاه سیستان و بلوچستان**  **اداره کل امور دانشجویان شاهد و ایثارگر**  **"فرم درخواست آموزشی"** | | | | | |  | | | |
| نام و نام خانوادگی: | | | | شماره دانشجویی: | | رشته تحصیلی: | | | | | | |
| نوع درخواست: | | | | | | | | دوره: روزانه | | | شبانه | |
| نوع تسهیلات: | فرزند شهید | فرزند جانباز 50% به بالا | | | فرزند جانباز 25% تا 50% | | جانباز | | | فرزند آزاده | | سایر |

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| **شرح درخواست:**  ............................................................................................................................................................................................................................................................................ ............................................................................................................................................................................................................................................................................ ............................................................................................................................................................................................................................................................................ ............................................................................................................................................................................................................................................................................  ............................................................................................................................................................................................................................................................................ ........................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................ ............................................................................................................................................................................................................................................................................ |

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| **نظر استاد مشاور:**  ............................................................................................................................................................................................................................................................................  ..................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................... ............................................................................................................................................................................................................................................................................ ............................................................................................................................................................................................................................................................................ ............................................................................................................................................................................................................................................................................ |

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| **نظر مسئول آموزش امور ایثارگران:**  ............................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................  امضاء | **نظر مدیر کل امور ایثارگران:**  ............................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................  امضاء |
| درخواست دانشجو در جلسه ستاد شاهد به شماره **.....................................** مورخ **.....................................** مطرح و موافقت شد  موافقت نشد  امور ایثارگران | |