

**واحد تهران جنوب**

**نام دانشکده/مجتمع دانشگاهی:**

**تاریخ و ساعت امتحان:**

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| **شماره دانشجویی: نام استاد:** **نام: نام خانوادگی: رشته تحصیلی: نام درس: شماره صفحه:**  |
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 **امضاء دانشجو:**

**برای دسترسی به پشتیبان ها می توانید با شماره های درج شده در سایت vclass.azad.ac.ir تماس حاصل نمائید.**