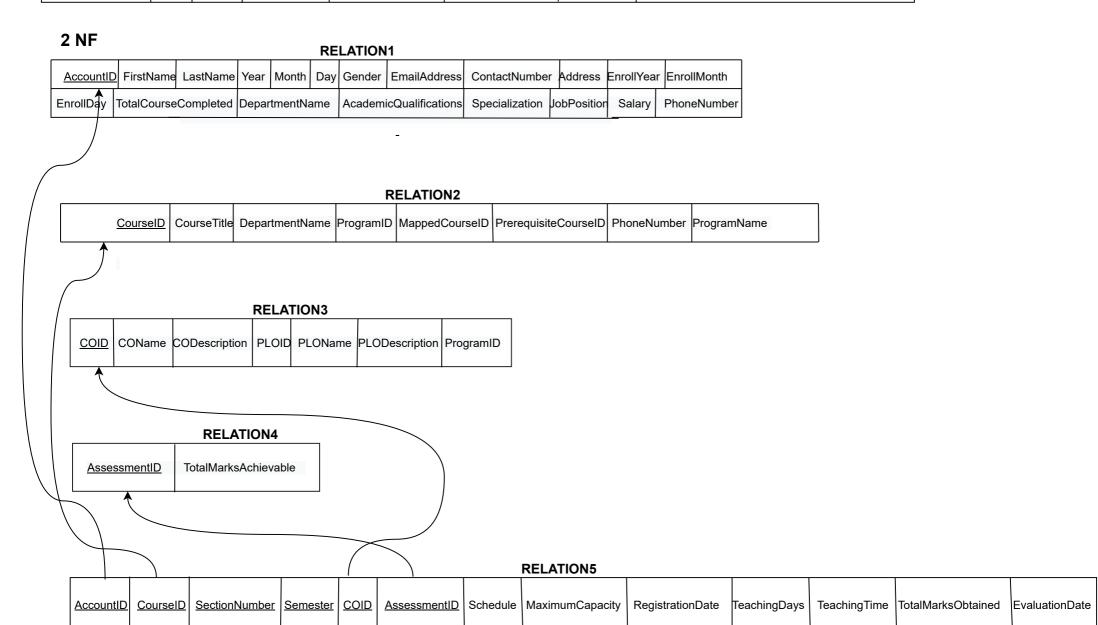


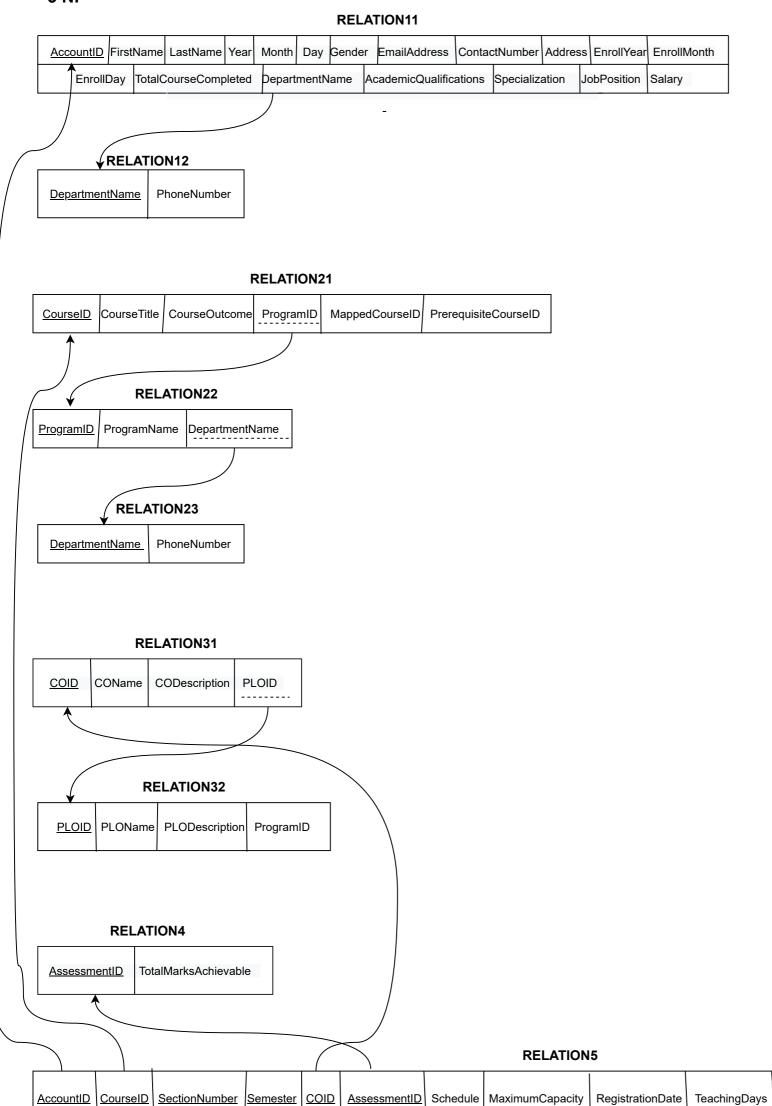
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## RELATION

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	<u>AccountID</u>	FirstNa	me La	stName	Year	Month	Day	Gender	Email	Address	Con	ıtactNumb	er Ad	dress	EnrollYe	ar E	nrollMon	th EnrollDay	TotalCou	rseCompleted
	Prerequisit	PrerequisiteCoursel		DepartmentNa		e Academic(		Qualificati	ualifications Spe		ation	tion JobPost Sa		PhoneNumber		ber	CourselD	CourseTitle	ourseTitle <u>SectionNumber</u>	
	ProgramID	Марр	edCou	rseID <u>Se</u>	emest	Schedule		MaximumCapacit		pacity	RegistrationD		e Teachin		Days Teachi		ngTime F	ProgramName	PLOID	PLOName
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TeachingTime | TotalMarksObtained

EvaluationDate