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EXAM SCORE OBJECTION FORM

FACULTY OF HEALTH SCIENCES
TO THE HEAD OF ……. DEPARTMENT

I believe there is an error in the exam result of the course listed below. I request a re-evaluation of my exam paper.

I respectfully request the necessary action.

Date : … / … / 20..
Name Surname :
Signature :

Please fill in all fields.

Student Number	
Department	
Mobile Phone	
E-mail Address	
Academic Year	
Course Term	☒ FALL ☐ SPRING
Exam	☐ MIDTERM ☐ FINAL ☐ MAKE-UP
Current Residential Address	

☐ **I accept that the notification will be sent by e-mail.**

COURSE INFORMATION SUBJECT TO OBJECTION		
Course Code	**Course Name**	**Instructor**

Dear;

I kindly request the review of the exam record of the applicant whose information is provided above.

…
Department Head

EVALUATION

This section will be completed by the responsible instructor.

☐ There is no error; the grade remains unchanged.

☐ There is a clerical error **Previous Grade :** ……. **/100** **New Grade :** ……. **/100**

Responsible Instructor		**Department Head**	
Date		**Date**	
Name Surname		**Name Surname**	
Signature		**Signature**	