

**FACULTY OF ………………..**

**GRADE OBJECTION REQUEST FORM**

**Student:**

Name Surname: Student ID : Faculty/VSHS : Department/Program:

Semester : Mobile No : E-Mail : Date :

I am a student of the Faculty with the above credentials.

 I hereby request the following exam stated below that occurred on ….../….../… to be re-evaluated.

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(Student Signature)

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| **COURSE CODE** | **COURSE NAME** | **INSTRUCTOR** |
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