

Grade Appeal Form

Personal Details:

Last Name and First Name _____

I.D. Number: _____ Mobile Phone Number: _____

Course Name: _____ Course Number: _____

Lecturer Name: _____

Exam Date: _____
Date "A" Date "B" Exceptional Date

Exam Notebook Number: _____ Serial Number: _____

I, the undersigned, request to appeal the grade given to me in the above exam.

The reasons for the appeal:

*** A student who appeals a grade should be aware that the entire exam will be re-evaluated, and the final grade may be lower than the original grade. The student's appeal effect on the exam grade is final and obligating.**

Date: _____ Student's Signature: _____

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Lecturer's Decision: (please mark in the appropriate place)

Appeal Rejected.

Appeal Accepted. —→ New Exam Grade: New Final Grade:

Comments:

Date: _____ Lecturer Signature: _____