

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: _____

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

Appeal Rejected

Appeal Accepted → New Exam Grade: New Final Grade:

Comments:

Date: _____ Lecturer Signature: _____