



Kadir Has University

TO THE DEAN'S OFFICE / DIRECTORATE OF

Reevaluation of the Exam Results / Objection to the Exam Score Application Form

Academic Year		Fall <input type="checkbox"/> Spring <input type="checkbox"/>	Date .../.../...
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Student Information

Student ID		Department	
Student Name - Surname		Phone:	

Request for reevaluation of the exam

I request that my exam result for the course(s) listed below be reevaluated in terms of material errors.

Best Regards,

Signature:

Courses

Should be filled by the student			Should be filled by the Faculty Member		
Course Code	Course Name	Faculty Member Name - Surname	Previous Grade	New Grade	Approval of the Faculty Member

Approval of Faculty / School