



## «Request Form of the Final Exam Score Revision »

### Education of the Medical Faculty: International Campus

I am----- with the student number of -----the student of Medicine at the phase of ----- . Due to the following reasons, I am obliged to object to the score of the course -----related to the 1<sup>st</sup>/ 2<sup>nd</sup> semester of the educational year -----presented by the respectable course supervisor Sir/ Madam -----.

### Reasons of Objection:

I would like you to issue an order for the required consideration and revision.

Student's Signature:

Date:

### Respectable Exam Domain Administrator of the Medical Faculty

I kindly appreciate you to consider the subject of the named person's objection and to announce the result at most until the date of ----- to this office.

Date of the Score Announcement on Board:

Deadline for the Student's Objection:

Announced Score:

It is worth mentioning that in case the score change is not announced till the date of ----- ---- the announced score to the education office will be regarded as finalized.

Education Office of the Faculty:

Date:

### Education Office of the Medical Faculty: International Campus

The required consideration and revision is applied with regard to the student's objection Sir/ Madam ----- at the course of ----- . And the score of the named person at the above- mentioned course changes/ doesn't change to -----.

Exam Domain Administrator's Signature:

Date:

Confirmation of the Group Headmaster:

Date:

Confirmation of the Educational Vice- Dean of the Faculty:

Date:

Confirmation of the Dean:

Date: