



School of Business



Number:

Date: / /

The Director of the Admissions and Registration Unit

Review of Final Exam Grade Application

Student Name: _____ University ID: _____

Course Name: _____ Course: _____

Academic Semester: _____ Academic Year: _____

Instructor Name: _____

Date: / /

the above data are filled by the student.

Date of submission of request: / /

the Dean's approval to review mark _____ Date: / /

Signature: _____

No substantial error.

Contains a substantial error as a result of: -

Summing the final exam grade.

Copying the final exam grade.

Some questions at the final exam are not corrected.

The grade is adjusted as follows: -

Final grade in characters	
Final grade in letters	

Members of the Review Committee:

Instructor
and Signature

Chairman of Department
and Signature

Assistant Dean for Student Affairs
and Signature