****

**T.C.**

**YAŞAR UNIVERSITY**

**EXAM REEVALUATION REQUEST**

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| **STUDENT INFORMATION** |
| **Name / Surname** |  |
| **Student No** |  |
| **Faculty / School – Department** |  |
| **Signature** |  | **Date** |  |

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| --- |
| **COURSE / EXAM INFORMATION** |
| **Course Code / Title** |  |
| **Instructor** |  |
| **Type of Exam (Midterm, Final, etc.)** |  |

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| --- |
|  **EVALUATION REPORT** |
|   | No error of fact determined |
|   | Error in adding grade points |
|   | Unnoticed answers not evaluated |
|   | Error in entering the grade points |
|  |  |
|  | Grade points before and after reevaluation: Before ................ After ..................Processed by (Instructor) Approved by (Department Head)  Sign / Date Sign / Date  |

Notes: 1) Request must be made within 3 (three) workdays following announcement of grades.

 2) Reevaluation is concluded within 5 (five) workdays.

 3) Reevaluation result is finalized by the Administrative Board.