**EXAM SCORE OBJECTION FORM**

..…../……./…….

**TO THE DEAN OF……………………………………………………………… FACULTY**

I am a student of your faculty’s …………………………………………………… department, my student number is ………………………………………….

In the ………………………. semester of the Academic Year of ………. /………., I kindly request the re-examination of my exam paper for the course …………………………… indicated below.

Respectfully,

**Name-Surname:**

**Mail:**

**Tel:**

**Signature:**

***Objection to Grades Regulation Article:***

***ARTICLE 29 - (1)*** *Objections to grades are made within 3 workdays following the exam result announcements on SIS page with a written application to the unit the student is registered at. Students who exceed this period lose their rights to appeal. Upon objection, the exam paper is examined by the lecturer of the course within 3 working days at the latest after the end of the objection period. The result is reported to the relevant unit management in writing and with justification. If necessary, the head of the relevant unit may establish a three-person commission consisting of the lecturer of the course and two related lecturers to examine the exam paper. The commission concludes their examination within 10 days at the latest from the end of the objection period. The result of the objection is decided by the relevant unit administrative board and notified to the SAD and is also announced to the student who has objected within 3 workdays. No additional notification is made for notifications.* ***(Fenerbahçe University Associate and Undergraduate Education Regulation)***

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| **Course Code**  | **Course Name** | **Lecturer of the Course** |
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