**TO THE DEAN OF FACULTY OF AERONAUTICS AND ASTRONAUTICS**

**Date :**

**Number:**

|  |  |  |  |
| --- | --- | --- | --- |
| Student Number: |  | Department: |  |
| Name Surname: |  | Program: | Normal Tuition ( ) Evening Tuition ( ) |
| I.D. Number: |  | Year of Study: |  |

**………………To the Dean’s Office**

I request that my exam paper for the course I specified below be re-examined for errors in marking. I also request that I be informed about the outcome.

Signature

|  |  |
| --- | --- |
| Course code-name and semester details |  |
| Exam type | Mid-term ( ) Final ( ) Re-sit ( ) Other ( ) |
| Exam date |  |
| Date when the results were announced |  |
| The announced score |  |
| Lecturer |  |

**To the Head of the Department/Program**

I request that the exam paper of the student whose details are provided above be re-examined. I also request that I be informed about the outcome.

Date-Signature

……………………………….

Dean/ Head of school

**To the Dean’s Office/ Head of School**

The exam paper of the student whose details are specified above was re-examined for errors by the Department/Program representatives and the following outcome was reported.

Kindly submitted for your information.

Department/Program Leader

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | There is | There is not | Exam Result | | |
| In figures | In letters | Letter |
| Error |  |  |  |  |  |
| If there is a change in the score, the reason for the change is…. |  | | | | |
| The name of the lecturer |  | | | | |
| Signature |  | | | | |

***Note:*** *If there is an error form should be sent to be discussed in the Board of Management of the Faculty/School.*