

EXAM RESULT OBJECTION FORM

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NEAR EAST UNIVERSITY
FACULTY OF MEDICINE
Education and Training Commission

I respectfully request that my exam paper be re-examined to determine if there are any material errors in the exam results I have provided below.

Student Name and Surname: _____ **Signature** _____
Student Number: _____
Phase: _____
e-mail Adress: _____
Name of the Exam: _____

RESULT OF THE OBJECTION EVALUATION

..../..../.....

Changes to exam notes

YES.....((The changes made should be written))
 NO

Chairman of the Education and Training Commission

Name and Surname: _____

Signature: _____