

EXAM RESULT OBJECTION FORM

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

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 Address:

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: