

**Date: …./…./ …**

**FIRAT UNIVERSITY FACULTY OF ENGINEERING**

**EXAM RESULT OBJECTION FORM**

**TO THE DEAN OF THE FACULTY OF ENGINEERING**

I kindly request your information and actions regarding the re-examination of the results of the  **midterm ( ) make-up**  **( ) general ( ) excuse ( ) exams** of my course whose information is given below in **the Fall ( ) Spring ( )** semester of the 20….. - 20….. academic year.

**Signature**

**Name-Surname :**

**Department/Program :**

**Student Number :**

**Telephone :**

**Course Name :**

**Instructor of the Course :**

**Exam Announcement Date :**

**Reason for Objection to the Exam :**

**To the Department of Chemical Engineering,**

I respectfully request that the exam documents of the applicant student be re-examined and that the results of the examination be sent to the Department Head immediately **within 7 (seven) days** from the student's application date by attaching the exam paper to the relevant commission report in accordance with the Fırat University Education-Training and Exam Regulation.

 **Prof. Dr. Filiz KAR**

**Head of Department**



**Date: …./…./ …**

**FIRAT UNIVERSITY FACULTY OF ENGINEERING**

**EXAM RESULT OBJECTION EVALUATION FORM**

**TO THE DEAN OF THE FACULTY OF ENGINEERING**

As a result of the objection made by …………………………………. of the Department of Chemical Engineering of the Faculty of Engineering of Fırat University to the exam result of the ……………………. Course, the exam documents were re-examined.

1. There is no material error in the evaluation ( )
2. There is a material error in the evaluation. ( )

1. The exam grade given as ( ) ........................ should be ( ) ...........................

2. Reason for the error: ............................................................................................................................ .................................................................................................................................................................................................................................................................................................

 **Course Responsible Head of Department**

 **(Name Surname) Prof. Dr. Filiz KAR**

 **(Signature) (Signature)**

**....../......./.......**

 **DEAN**

 **(Name Surname)**

 **(Signature)**