

EXAM OBJECTION PETITION

..... / /20.....

ISTANBUL MEDİPOL UNIVERSITY

DEAN'S OFFICE/DIRECTORSHIP OF THE.....

I kindly request that the final exams of the courses listed below to be reassessed on the Fall/Spring term of/..... Academic Year.

.....
(Signature)

| | |
|-------------------|--|
| Name Surname | |
| Foreign ID Number | |
| Department | |
| Year | |
| Degree | |

| Course Code | Course Credit | Term | Grade |
|-------------|---------------|------|-------|
| 1) | | | |
| 2) | | | |
| 3) | | | |
| 4) | | | |
| 5) | | | |
| 6) | | | |
| 7) | | | |
| 8) | | | |