

**İSTANBUL MEDİPOL UNIVERSITY**  
**TO DEAN OF FACULTY OF PHARMACY**

**EXAM APPEAL PETITION**

In the fall/spring semester of the ...../..... academic year, I request a re-examination of my midterm/final/make-up result for the course/courses written below.

Name - Surname:

Signature :

Name - Surname	
Student ID No:	
Program	
Year	

Course Code	Course Name	Semester	Grade/ Exam Grade Announcement Date