



REQUEST FOR REVIEW OF TEST/EXAM

Student Name: _____
Student ID : _____ Date: _____

AS		BUS		COM		IS		FCS		ED		Readiness	
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Course: _____
Date Of Exam /Test _____ Mark Received: _____

Explain why the grade for the Test or Exam should be reviewed.

_____	_____
Unit Supervisor Approval	Date
_____	_____
Unit Testing Review Committee	Date
<i>If there is a change in grade, an official grade change must be submitted to the Registrar's office within the first tow weeks.</i>	