



Request Form for Re-Grading

To,

The Department Head
College Of Dentistry,
Shawajara Campus,
Jazan University.

Subject: Request for Re-grading of Exam Script/O.M.R Sheet/Totaling Of Marks
In Final/Midterm Exam.

Istudent ofyear request you for re-grading in
course/course codeof midterm/final
exam (Script/O.M.R Sheet/Totaling of marks) in my Exam.

Looking forward for anticipation

Thanks

Sign:.....

Name :

University I.D:.....

Date:.....