Application for Re-Read(s)

Name:_____ Student Number: _____

Email:_____ Telephone: _____

Program: _____

I have read the Examination Re-Read Regulations and wish to apply for a re-read of my final exam in the following course **with the understanding there is a $50 fee for each exam re-read requested and that fee will be charged to my self-service account.**

Course Selection Requested			Associated Pre-Requisite Course	
COURSE ID	CRN	SECTION	INSTRUCTOR	EXAM DATE

Reason for Re-Read:

_____

_____.

_____ _____

Student Signature Date

Once this form is completed, or if you have any questions or concerns regarding this form, please email: exams@mi.mun.ca

FOR OFFICE USE ONLY

Result: ☐ Unchanged ☐ Increased New Exam Grade: _____ New Final Grade: _____

This exam was re-read by:

Instructor Name:_____ Date: _____

Program Chair:_____ Date: _____

Received by Registration:_____ Date: _____

Access to Information and Protection of Privacy – The information on this form is collected under the authority of the Memorial University Act (RSNL 1990 Chapter M-7) and is needed for and will be used to update your student record. If you have any questions about the collection and use of this information please contact the Registrar at miregistrar@mi.mun.ca