



Score Review Request Form (1)

Course Director I submit to you my application dated (..... / / H) During the semester (.....) of the current academic year (..... /) where I would like to review the score of examination (<input type="checkbox"/> periodic <input type="checkbox"/> midyear <input type="checkbox"/> Final) for the course (.....)	
Student Name:	Student ID:
Academic year:	Date:
Student email:	Student Tel:
Course Name:	Course Code:
Signature:	

Complaint Details:

Student's Signature:

Filled By Course Director:

Action on Complaint

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Satisfactory Report & Rationale:

☐ Satisfied ☐ Unsatisfied ☐ Uncertain

Date:

Student's Signature:

Department Chairman Signature	Course Director Signature
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CC: Vice Dean Of Academic Affairs & Vice Dean Of Females Section