



REGISTRATION DATE: .../...../.....

Ref. No. (REG 15)

Rechecking Exam Paper

Name : ID No :

Faculty: Semester:

Major : Year :

The Examination committee will check the attendance form and the calculation in the exam paper without remarking the paper.

No	Subject / Subjects to be rechecked
1	
2	
3	

Student's Signature: _____

Date:

Number of subject/s to be rechecked:

Receipt No.:

Finance Department

Rechecking Result:

.....
.....

Name :.....

Signature:_____