

/ /

ISTINYE UNIVERSITY TO \_\_\_\_\_ FACULTY/VOC. SCHOOL DIRECTORATE,

I study at

Faculty / Vocational School

Department / Program with student number

. I consider that there has been an error in the exam score(s) of the course(s) I mentioned below. I kindly request that the evaluation of my exam score be made by the course instructor.

**STUDENT'S NAME AND SURNAME**

**SIGNATURE**

COURSE CODE	COURSE NAME	SECTION	INSTRUCTOR	EXAM SCORE

**INFORMATION ON THE OBJECTION TO FACTUAL ERROR**

- Application must be made within three working days from the announcement of the results.
- The result of the objection examined by the course instructor within three working days will be notified to the relevant unit.
- If the student's objection to the exam grade is rejected and the objection continues, the student can apply again by filling out the Factual Error Form.
- A commission of three people, one of which is the lecturer of the course, is determined by the relevant unit to examine the exam paper for the application of Factual Error Objection. The commission will complete its review within a week and notify the relevant unit.
- The report given by the instructor and / or the commission is notified to the student.
- Cases requiring grade change are resolved by the relevant unit board of directors.

**THE RESULT OF EVALUATION (To be filled by the Lecturer)**

COURSE CODE	COURSE NAME	SECTION	EVALUATION OF OBJECTION	NEW EXAM GRADE	LECTURER NAME/SURNAME	DATE & SIGNATURE
			<input type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED			

**THE RESULT OF EVALUATION BY FACULTY / VOCATIONAL SCHOOL/ INSTITUTE ADMINISTRATIVE BOARD**

DECISION BY FACULTY/ VOCATIONAL SCHOOL/ INSTITUTE ADMINISTRATIVE BOARD	RESOLUTION NUMBER	ACCOUNT