

Exam Committee Appeal Request

AY: Semester:

This form should be used by students to submit an appeal for their Mid-Term or Final Examination grade (course work assignments cannot be appealed). Students may appeal their grades only within the time given by the committee.

Student Name:	Student ID Number:						
Contact Number:	CUE Email Address:						
Department:	Level:						
Semester: Fall	Spring						
Attempt: First [Second Third Fourth						
Appeal Details:							
Subject Name:	Exam Date: / /20						
Appealing Reason:							
Student's Signature:	Date:						

Telephone No: +9647506013333 or +9647509013333

Website: www.cue.edu.krd

Address: Baharka Road – Ankawa, Erbil – Iraq



Exam Committee Appeal Request

AY: Semester:

Appeal Decision

		Accepted		Rejec	ted	
Signature:	Signature:			Signature:		
Date:		Date:	Date: _			
Head of Exam Comm	ittee	Exam Comn	nittee Member 1	Exam C	Committe	ee Member 2

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