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| I am a student of the Master's /Doctoral program of .............…………………………………….…. of the Graduate Education Institute Directorate of your University. My education and contact information are indicated below. Due to the fact that I have received a lower grade than I expected, I kindly request a re-evaluation of my exam paper.

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| **Name Surname** |  |
| **R.T. ID No** |  |
| **Student No** |  |
| **Program Title** |  |
| **Program Type***(For example: Master's Degree with Thesis, Master's Degree Non-Thesis, PhD)* |  |
|  **Exam That is Requested to be Re-Evaluated** |
| **Course Name** | **Name of the Instructor** |
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| **Type of the Exam (Midterm / Final)** |  |
| **Signature** |  |

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