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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.   |  |  | | --- | --- | | **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** | |  |  | |  |  | |  |  | |  |  | | **Type of the Exam (Midterm / Final)** |  | | **Signature** |  | | | |
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