**Application for a Re-Read**

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Course and Section: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Instructor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Exam (or Equivalent) to be Re-Read:  Final Exam  Mid-term exam  Other:

**Re-Read Procedure**

Any request to re-read an examination paper (or equivalent) must reach the Registrar within 30 days after release of the final examination (or equivalent) results.

All requests for a re-read will be directed by the Registrar to the Director or Department Head concerned for implementation. Re-reads will be conducted by the Director/Head of the unit involved and a second faculty member who has expertise in the subject area, after consultation with the original instructor. In the event that the Director/Head of the unit is the instructor, the Dean will designate a replacement to conduct the re-read.

Re-reads may be requested in any or all courses in which a student is registered without reference to class standing or the final grade assigned. A reread of a mid-year examination will be granted only after consultation with the head of the department or director of the school concerned. A student who requests a re-read forfeits the grade originally assigned.

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**To the Director or Department Head:**

A request for a re-read has been received from the student named above. Please institute proceedings for a re-read as outlined in the current Academic Calendar and return this form to the Registrar’s Office.

Result of the reread:

The grade remains unchanged

The grade has been changed to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_