**PETITION OF OBJECTION TO THE EXAM QUESTIONS**

 Date:

To DEAN’S OFFICE,

ISTINYE UNIVERSITY

FACULTY OF DENTISTRY

Dear Sir,

I am the …… grade medical student and my student number is …………….........

I will appreciate if the ………………. question/questions in the ……………. booklet that was/were asked in the ………………….. course exam held on … /…/ 20.. will be checked.

Best regards

Question …………………………………..

My objection ………………………………………………………………………….. ………………………………………………………………………………………………….

Question …………………………………..

My objection …………………………………………………………………………….. ………………………………………………………………………………………………….

 Name-Surname:

 Signature