**PETITION OF OBJECTION TO THE EXAM RESULTS**

 Date:

To DEAN’S OFFICE,

ISTINYE UNIVERSITY

FACULTY OF DENTISRY

Dear Sir,

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

I had………………….. course exam which was held on … /…/ 20.. with…………. ……………………… booklet.

As I was expecting a higher result than that was announced, I will appreciate if my exam paper will be re-evaluated.

Best regards

 Name-Surname:

 Signature