



Request for Examination Review

Date: _____

To: Deputy Dean for Academic Affairs of the Faculty of ICT, Mahidol University

My name is (Mr. / Miss) _____

Student ID: Section: _____

Mobile phone no.: _____ MU student's e-mail: _____

Submit this request to review the examination of

Subject ID: _____ Subject Name: _____

Semester: Midterm Final of _____ Semester, Academic Year _____ Instructor: _____

Reasons: _____

Remarks: Submit your request to Mrs Saengduen in 1 week after the Score Announcement.

Best Regards,

Signature _____ student

_____ / _____ / _____

For official use only	Deputy Dean for Academic Affairs's Opinion
Counter office accepted document /: Receiver _____ Date _____	<input type="checkbox"/> Granted <input type="checkbox"/> Denied Signature: _____ (Asst. Prof. Dr. Thanapon Noraset) (____/____/____)
Academic officer accepted document: Receiver _____ Date _____	

Instructor's Opinion:	Student's Opinion:
Accepted documents' date: _____ Time: _____ <input type="checkbox"/> Allowed <input type="checkbox"/> Not allowed <input type="checkbox"/> Other _____ Signature: _____ (_____) (____/____/____)	After reviewing the examination, I <input type="checkbox"/> Accepted the scores <input type="checkbox"/> Do not accepted the scores <input type="checkbox"/> Other _____ Signature: _____ (_____) (____/____/____)