



# MARINE INSTITUTE

## APPLICATION FOR RE-READ(S)

NAME:

STUDENT NUMBER:

PROGRAMME:

EMAIL:

PHONE NUMBER:

I have read the *Examination Re-Read Regulations* and wish to apply for a re-read of my final exam in the following course:

<u>Course Name</u>	<u>CRN</u>	<u>Section</u>	<u>Instructor</u>	<u>Exam Date</u>
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Reason for Re-Read:

Student Signature

Date

**Once this form is completed, or if you have any questions regarding this form, please email: [reghelp@mi.mun.ca](mailto:reghelp@mi.mun.ca)**

### FOR OFFICE USE ONLY

Result:            Unchanged      Increased      New Exam Grade:            New Final Grade:

This exam was re-read by:

Instructor Name:

Date:

Program Chair:

Date:

Received by Registration:

Date:

**Access to Information and Protection Policy:** The information on this form is collected under the authority of the Memorial University Act (RSNL 1990 Chapter M-7) and is needed for and will be used to update your student record. If you have any questions about the collection and use of this information, please contact the Office of the Registrar at [miregistrar@mi.mun.ca](mailto:miregistrar@mi.mun.ca).