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|  | **Princess Nourah bint Abdulrahman University****College of Medicine** |  |

**Form for Rechecking of examination**

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| **Student ID**…………………………………………………………………………………………**Student Name**……………………………………………………………………………………..**Name of the Exam : Midterm Final OSPE&PBL OSCE** |
| **Name of the Block**…………………………………………………………………………………**Attempt of rechecking: First Second Third** **Mark/Grade obtained**…………………………………………………………………………….**Permission Allowed Not allowed****Mark/Grade obtained (After rechecking)** ………………………………………………………**Attempt of remained (After Rechecking) : First Second Third** **Remarks:** ……………………………………………………………………………………………… **Head of Assessment Unit** **Signature:……………****Academic Advisor****Signature:……………****Block Chair****Signature:……………****Vice Dean Educational Affairs****Signature:……………** |