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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:……………** |