

Princess Nourah bint Abdulrahman University



College of Medicine

Form for Rechecking of examination

Student ID
Student Name
Name of the Exam: Midterm
Name of the Block
Attempt of rechecking: First Second Third 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: