

 ABDULLAH GÜL ÜNİVERSİTESİ Student Affairs	GRADE CORRECTION FORM	Document No	AGÜ-502.09- FRM-008
		Publication Date	16.06.2025
		Revision No	1
		Revision Date	16.06.2025
		Page No	1/1

HEAD OF THE DEPARTMENT OF.....

Faculty / Institute:

Department:

Course Code:

Course Name:

The grades of the student listed below for the exam mentioned above were mistakenly entered incorrectly. I respectfully request that the necessary action be taken to correct the grades as specified below.

Faculty member

Department Head

Name Surname:

Name Surname:

Date:

Date:

Signature:

Signature:

Kind of Exam: () Midterm Exam () Final Exam () Make-up Exam

Order	Name Surname	Student ID	Old Note	New Note	Passing Status
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					