This form must be printed out, filled in, and presented to your instructor along with the test it applies to, within 7 days of receiving your test grade back.

CSC 148H -- Summer 2016: REQUEST TO RE-MARK TEST
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Student number: ___________  Lecture section: ___________

Last name: ________________  Instructor: ___________

First name: ________________

Email address: ______________

Test number: ___________  Date of request: ___________

Concisely, and clearly, state what portion of the test was not correctly marked.