Student: Completed form is to be attached to front of exam or quiz to be re-evaluated

Exam and Quiz Regrade Request

Last Name ___________________________ Date ___________________
First Name ___________________________ Course ___________________
UCSD PID ___________________________ Exam or Quiz ___________________
TA ___________________________ Sxn Day/Time ___________________

Request and Reason for Regrade Submission (Be Specific)

By submitting this signed request for point assignment re-evaluation I attest that I have not changed any answers on questions I am asking to be examined, under penalty of Academic Integrity violation.

Signature:

STUDENTS: DO NOT WRITE BELOW THIS AREA

Result of Re-evaluation (Grader only)

Grader Signature ______________________ Points to be added to Total ____________

Grader: This form is to be returned to Dr. Hoeger upon completion