



## REASSESSMENT OF GRADE

## TO BE FILLED OUT BY THE STUDENT

Course details:		
Course code	Course name	
Date of examination	Course responsible department	
Personal details:		
Namne		Personal identity number
E-mail		Telephone no
Grounds för reassessment (be breif and precise):		
Question no		
Motivation		
Question no		
Motivation		
Question no		
Motivation		