



ARISTOTLE UNIVERSITY

**Aristotle University College of Law - Carlsbad**

**Examination Re-Read Request Form**

**Today's Date:** \_\_\_\_\_

**Date Student Received Graded Final Examination:** \_\_\_\_\_

**Course Requesting Re-Read of Final Examination:** \_\_\_\_\_

**Professor of Course:** \_\_\_\_\_

**Date of Final Examination:** \_\_\_\_\_

**Explanation / Reason for Request to have a Final Examination Re-Read:**

Explanation may be included on additional pages as an Attachment as desired.

Documentary Evidence (suggested) may be attached.

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**

**Print & Email (as pdf attachment) this Form and Any Supplemental Materials you believe necessary to support your Request to:**

**DeansOffice@AristotleLaw.com**