This form must be printed out, filled in, and presented to your instructor along with the assignment/lab/project phase it applies to, within 7 days of receiving your grade.

**CSC309 -- Spring 2017: REQUEST TO RE-MARK**

**=========================================**

Assignment/Lab/Project Phase #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Lecture section: \_\_\_\_\_\_\_\_\_\_

Last name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Instructor: \_\_\_\_\_\_\_\_\_\_\_\_ Name of TA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Lab room #: \_\_\_\_\_\_\_\_\_\_\_\_\_ Date of request: \_\_\_\_\_\_\_\_\_\_\_\_

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