**Computer Science Lab Test Re-evaluation Request Form**

**Name:**

**Student Number:**

**Date of Request:**

This date must be 24 hours after the lab test is returned and no more than 5days after the lab test is returned.

**Lab Test Information:**

Course Name/Number:

Lab Test:

Reason for Re-evaluation Request:

Supporting Information:

If the space on the form is not sufficient, attach any additional information to a Word or PDF file.

Email Completed form to your lab instructor.