McMaster Divinity College

APPLICATION FOR RE-READ OF ASSIGNMENT

Student Name: _____ **Student ID #:** _____

Contact Information (email): _____ **Date:** _____

Program: _____ **Course:** _____

Please provide an explanation of the assignment and why you are requesting a re-read of it.

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Student Signature Date

FOR OFFICE USE ONLY:

Approval:

- ☐ Granted
- ☐ Denied

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VP Academic Signature Date