



KARLSTAD  
UNIVERSITY  
SWEDEN

To be filled in by the course administrator

Received:	Reg. no:
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## Appeals for a review of grades

Name:		Personal identity number or co-ordination number:	
E-mail:		Phone number:	
Course name:		Course code:	
Module:		Exam Code:	
Anonymous code:	Examination date:	Your grade:	

### Request concerning the amendment of a grade (c. 6 23 § The Higher Education Ordinance)

A decision pursuant to Section 36 of the Administrative Procedure Act (2017:900) on rectification of a typographical error, miscalculation or similar oversight concerning a grade shall be made by an examiner.

#### Correction of typographical errors and the like (Section 36 in The Administrative Procedure Act)

A decision that contains a manifest error in writing, calculation or any other similar oversight by the authority or someone else may be corrected by the authority, which made the decision.

Task no: .....

Amendment pertains to:

.....  
 .....  
 .....

### Request concerning a review of a grade (c. 6 24 § The Higher Education Ordinance), *motivate below*

If an examiner finds that a decision on a grade is obviously incorrect owing to new circumstances or for some other reason, he or she shall change the decision if this can be done quickly and easily and if it does not mean lowering the grade.

Task no: .....

Motivation:

.....  
 .....  
 .....

Requestor/student's signature:
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*The form is given to the  
course administrator*

To be filled in by the examiner

The review has resulted in the following:

- No change in decision**
- The grade is altered to .....**

Date of decision:
Examiner's signature:
Examiner's name in block letters: