

Main examiner requesting the correction(s):				
LAST NAME, first name:				
Institute:				
Department:				

ETH Zürich Studiensekretariat MAS/CAS Nutrition and Health Universitätstrasse 2 LFW C 13.2 8092 Zürich	5		
Request for grade correcti	on(s)		
I hereby request the following grade correction(s) Session			/ semester:
Course unit no.:	Course unit title (original):	
☐ Part of an examination bloc	k 🚨 Students from several d	legree programmes affected	☐ Oral examination
Student ID no. LAS	T NAME, first name		Old grade New grade
Grounds Provide detailed grounds for the gra Note: Grades are binding after they tion mistakes only and may never b but not yet decreed, and no later (e For further information see "Guideli	ade correction request on this form have been decreed, or announced be used to negotiate a result. There exceptions are ruled upon by the sunes for Lecturers": https://www.eth	d in myStudies. Viewing of grades is is therefore only scope for correcti	s for purposes of amending correc- on when grades have been issued s-lecturers/follow-up.html
Date / Signatur	e of examiner		Programme Director ne Study Administration)
Wird von der Zeugnisstelle ausgefüllt:	Datum OK Prorektor	ausgeführt: Datum/Visu	m Zeugnisstelle: