



ACCESS TO FINAL EXAMINATIONS APPLICATION FORM

Before completing this form, please review the policy on the FINAL EXAM ACCESS WEBPAGE.

Student Name: _____

Student #: _____

Department: _____

Phone: _____

U of M Email: _____

Term: _____

ENGINEERING EXAM(S) YOU ARE REQUESTING TO REVIEW:

Course Code	Lecture Section	CRN	Instructor	Original Exam Date

By signing this form, you agree to the following terms and conditions:

1. The purpose of reviewing the final examination is not to challenge the grade or negotiate the marking of the examination. If you discover errors or omissions or disagree with the marking, you may file a grade appeal with the Registrar's Office.
2. You are not permitted to make copies of or take any information from the paper by any means. Tampering with the paper or possession of writing materials, recording devices, cell phones, or cameras during the review will constitute a breach of the University Student Discipline Bylaw.

I have read and understood terms and conditions listed above and all process requirements as found on the FINAL EXAM ACCESS WEBPAGE. I agree to follow the procedure as outlined.

Signature: _____ Date: _____

OFFICE USE ONLY

To Course Instructor:

The above-named student has requested to review his/her final exam. Please return this form along with a photocopy of the final examination to your department's undergraduate student advisor. Arrangements for the student to review the final examination will be made by your department.