McMaster University

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REQUEST TO VIEW AN EXAM

FORM MUST BE COMPLETED IN FULL TO BE APPROVED

STUDENT NUMBER							

LEGAL LAST NAME	INITIALS	GIVEN NAMES	SEX

ADDRESS INFORMATION	**MCMASTER E-MAIL:**

APT. / STREET	CITY	PROVINCE	POSTAL CODE

HOME TELEPHONE		CELLULAR	
AREA		AREA	

COURSE NAME & CODE:	
INSTRUCTOR:	
☐ Fall ☐ Winter (must be submitted by June 30 following the Fall/Winter Session) ☐ Spring/Summer (must be submitted by October 15 following the Spring/Summer Session)	REASON FOR REQUEST**:**

Please continue on separate page if need be. Thank you.

Student Signature: _____ **Date:** _____

Approval of APO: _____

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CONFIRMATION THAT THE EXAM HAS BEEN VIEWED:

Student Signature: _____ **Date:** _____

Professor/appointee Signature: _____

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DeGroote SCHOOL OF BUSINESS