

REQUEST TO VIEW AN EXAM

A student seeking approval from the Student Experience office to view an exam must apply in writing using this form. This application must be completed in full and returned to DSB 112.

STUDENT NUMBER			
LEGAL LAST NAME	INITIALS	GIVEN NAMES	SEX
ADDRESS INFORMATION		MCMASTER E-MAIL:	
APT. / STREET		CITY	PROVINCE POSTAL CODE
HOME TELEPHONE		CELLULAR	
AREA	EXTENSION	AREA	EXTENSION

<u>Course Name & Code:</u>	
<u>Instructor:</u>	
<input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring/Summer Academic Year: _____	<u>Reason For Request:</u>

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

Student Signature: _____ Date: _____

Approval of SE OFFICE: _____ Date: _____

CONFIRMATION THAT THE EXAM HAS BEEN VIEWED

Student Signature: _____ Date: _____

Professor/appointee Signature: _____

The information gathered on this form is collected under the authority of The McMaster University Act, 1976. The information is used for the academic, administrative, and statistical purposes of the DeGroot School of Business including, but not limited to, maintaining records; academic counseling and the administration of examinations. Personal student information provided on this form will not be used for any unrelated purpose without the consent of the student. This information is protected and is being collected pursuant to section 39(2) and section 42 of the Freedom of Information and Protection of Privacy Act of Ontario (RSO 1990). Questions regarding the collection or use of this personal information should be directed to the Associate Dean, DeGroot School of Business.