

REQUEST TO VIEW AN EXAM

A student seeking approval from the Student Experience (SE) office to view an exam must apply in writing using this form. This application must be completed in full and returned via email to buscom@mcmaster.ca.

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		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 a 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 DeGroote 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, DeGroote School of Business.