

## Request to View a Faculty Final Examination

This form is to be used only for faculty final examinations in the John H. Daniels Faculty of Architecture, Landscape, and Design.

_____	_____	_____
Last Name	First Name	Initial
_____	_____ @mail.utoronto.ca	
Student Number	E-mail address	
_____	_____	_____
Mobile phone number	Alternate phone number	

**Use a separate form for each course for which you are requesting an examination viewing**

_____	_____	_____
Course Code	Instructor's Name and	Month and Year
e.g. ARC131H1F	Lecture Section	Examination Written

Was this examination deferred by petition?       Yes       No

Have you previously submitted a request to view this examination?       Yes       No

**Carefully review the checklist below before signing and dating the form**

I confirm that this is the first time I am requesting to view this examination

I have read and understood the examination viewing instructions

_____	_____
Student Signature	Date

<b>Office Use Only</b>	Appointment Date and Time:
Received by:	Student Confirmed Attendance:
Date:	Student Attended Appointment: