

Request to Review Final Exam

DATE: ____ / ____ / ____
(YY) (MM) (DD)

STUDENT # | | | | | | | | | |

LAST NAME: _____
(PLEASE PRINT)

FIRST NAME: _____
(PLEASE PRINT)

COURSE NUMBER: E C S E - ____

TERM: FALL

WINTER

SUMMER

COURSE TITLE: _____

INSTRUCTOR'S NAME: _____

By signing below, you acknowledge that you have read and understand the following:

The **Review** gives students the opportunity to “consult any written submission for which they have received a mark and to discuss this submission with the examiners” provided the submission has not been returned to him/her and provided the request is made within a reasonable time frame. See the Charter of Student Rights.

The purpose of the **Review** process is *not* to correct the grade. The grade will not be changed by the examiner *unless some perfectly straightforward error has been made*, such as in transcribing or adding marks. There will be no attempt made to re-judge whether a partial mark is fair or not. Such re-assessment is the function of a **Re-Read** (contact the Faculty of Engineering).

The **deadlines** to request to **review** a final exam are the last days of March, July and November for fall, winter and summer courses.

STUDENT'S SIGNATURE: _____