Faculty of Law

Student Affairs Office

McGill University

**CONFIDENTIALITY AGREEMENT**

(for FINAL EXAMINATIONS only)

1. Having been granted permission to write an examination at a time other than the regularly scheduled time, I hereby confirm that I will not undertake any form of communication concerning the examination with anyone at any time. In the event of any information inadvertently coming to my attention, I will immediately contact the Associate Dean or the Director of Student Life and Learning and make full disclosure.
2. I understand that any breach of the terms of the Confidentiality Agreement shall be regarded as a **serious academic offense** and may result in academic sanctions and in disciplinary proceedings under the Code of Students’ Discipline.

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| **Course** | **Instructor** | **Original Exam Date** | **Agreed upon date** |
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I have read the terms and conditions set out above and I agree to be bound by them.

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Date Student Signature

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 PRINT Name

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 STUDENT ID NUMBER

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Student Affairs signature Date