Request To View A Faculty Final Examination

First Name: _________________________  Surname: ___________________________
Student Number: _____________________  Phone: _____________________________
UT+ Email: __________________________  Date Submitted: ______________________
Course Code: __________  Instructor: ______________  Date Written: __________
Was this exam deferred? Yes ___  No ___
Have you previously viewed this exam with the instructor? Yes ___  No___

I have read and understand the KPE Guidelines for Grade Review Policy

Student Signature: ___________________________  Date: ______________________

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For Office Use

Appointment
Date: ____________
Time: ______________
Location:
Supervisor: ____________
Confirmed: ____________

Appointment Details:

________________________________________
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