



UNIVERSITY OF TORONTO
FACULTY OF KINESIOLOGY & PHYSICAL EDUCATION

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: _____

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Appointment Details:
