

Vancouver Campus Tel. (604) 681 5815 Fax. (604) 681 5819

Burnaby Campus Tel. (604) 435 5815 Fax. (604) 435 5895

EXAM VIEWING FORM

The purpose of this form is for students to look at their midterm or final exam.

- \checkmark The Library endeavours to retrieve your exam in a timely manner, but please understand that during busy periods, there may be a delay in the process. Students can expect to view their exam within approx. 1 day of their application being received.
- If the Library needs to contact the student, it will be by email using the address provided by the student to Alexander College.

| Student Name | Student ID |
|--------------|------------|
| Address | City |
| Phone Number | Email |

POLICIES

- \checkmark Present original student ID and this application form to Librarian or Library Assistant.
- \checkmark No writing or recording materials allowed (including but not limited to pens, pencils, mobile phones, cameras, tablets, etc.)
- \checkmark No bags, backpacks, purses, etc.
- ✓ Only the person who wrote the exam may view it; the student must be alone when viewing the exam.
- \checkmark Latest time to view exam is 30 minutes before the Library closes.
- \checkmark If you wish to appeal your grade, you must point out exactly what error in grading was made and where on the exam.

| Semester | Course Instructor |
|----------------|-------------------|
| | |
| | |
| Midterm / Exam | |
| | |
| | |
| | |

This section is to be completed AFTER having viewed the exam

If you believe you have valid reasons for a grade appeal, please state them below. Note: General requests for re-marking will not be considered. If you believe an error was made in marking, you must identify the error on the assignment/exam here (providing page # and question #).

| I have read and understood the policies related to viewing my exam. I hereby represent that all above information is true and accurate. | |
|---|------|
| Student Signature | Date |