DEPARTMENT OF COMPUTER SCIENCE
University of Manitoba

Application for Pre-appeal Final Examination Viewing
Submit separate form for each Exam

Applicant’s Name: ______________________________  Applicant’s Student Number: ____________

Course Number: ___________  Section: _________  Course Instructor: _______________________

Date: ________________________  Student U of M E-Mail: ___________________

Viewing Dates: To be set up with Advisor  Viewing Location: E2-445 EITC

Conditions of the review of final examination script:

- This application form must be received in the Dept of Computer Science general office, E2-445 EITC. Students will be contacted by email for a meeting time.

- You will be provided with a photocopy of your exam answers, and of the question paper if that is a separate document. Answer keys will be provided only if they are specifically authorized by the course director.

- Your final exam must be reviewed at the selected day and time. A maximum of 25 min will be allowed for viewing each examination. You will review the exam in the presence of an invigilator and not your course instructor. The invigilator will not consult with students on the course material, and will not normally be familiar with it.

- The purpose of viewing final exams is not to negotiate the marking of the exam. The only exception is an obvious case of incorrect addition, whereby the invigilator should be informed and will forward the information to the instructor. You may formally appeal your final exam mark through the Registrar’s Office.

- You are not permitted to make copies of, or take information from, the exam paper, by any means. Writing materials, cameras, cell phones, and any type of recording devices are not allowed. Possession of these restricted devices contravenes the University Student Discipline By-law.

- All exam papers must be returned to the invigilator who will record the receipt of the exam paper upon your exit from the viewing session.

- Your student card must be presented when presenting this application form, and also when you arrive to view the exam.

I have read, understood and accept the ‘Conditions of the review of final examination script’ listed above:

Applicant’s Signature: ______________________________

Authorized Signature: ______________________________

Date: ________________________  Authorized Signature: ______________________________