DEPARTMENT OF COMPUTER SCIENCE University of Manitoba

Application for Pre-appeal Final Examination Viewing Submit <u>separate</u> 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
 This application of office, E2-445 EI submissions. When the form is exam(s) will be very owill be provided ocument. Answer in the examination of th	TC no later than 5 days be submitted the student will newed. ided with a photocopy of yer keys will be provided on must be reviewed at the semination. You will review vigilator will not consult will incorrect addition, whereby he instructor. You may form that to make copies of, or as, cell phones, and any type contravenes the University must be returned to the inviving session.	he Dept of Computer Science general fore the viewing dates. There will be no exceptions made for late sign up for a particular time slot in which the our exam answers, and of the question paper if that is a separate rely if they are specifically authorized by the course director. Elected day and time. A maximum of 25 min will be allowed for the exam in the presence of a invigilator and not your course with students on the course material, and will not normally be negotiate the marking of the exam. The only exception is an of the invigilator should be informed and will forward the neally appeal your final exam mark through the Registrar's Office. take information from, the exam paper, by any means. Writing per of recording devices are not allowed. Possession of these y Student Discipline By-law. igilator who will record the receipt of the exam paper upon your presenting this application form, and also when you arrive to view
pplicant's Signature:	•	of the review of final examination script' listed above:
uthorized Signature:		
eceipt: This receipt must be	pe presented along with ye	our student card at the time of exam review.
oplicant's Name:		Applicant's Student Number:
ourse Number:	Section:	Course Instructor:

Date: _____ Authorized Signature: ____

Applicant's Signature: