



**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: \_\_\_\_\_

Confirmed: \_\_\_\_\_

Appointment Details:

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