



Request for Copy of Final Examination

This form should be completed if you would like to receive a digital copy of your final examination in a **St. George Arts & Science** course.

Personal Information

SURNAME (LAST NAME)	GIVEN NAME(S)
U OF T EMAIL ADDRESS @MAIL.UTORONTO.CA	U OF T STUDENT NUMBER

Examination Information

COURSE CODE (E.G., ENG410Y1Y)	INSTRUCTOR NAME OR LECTURE SECTION	MONTH EXAM WRITTEN (E.G., DECEMBER 2018)

WERE ANY OF THESE EXAMS DEFERRED BY PETITION? YES If yes, list deferred exams: _____
 NO _____

HAVE YOU ALREADY SEEN ANY OF THESE EXAMS IN A SUPERVISED SETTING? YES If yes, list viewed exams: _____
 NO _____

Payment Information

Complete this next section only if you are submitting this form **by email** and you want to pay with a credit card. You do not need to complete this section if you are paying in person with a credit card. If you want to pay with a debit card, you must pay in person at the Office of the Faculty Registrar.

PAYMENT METHOD	EXPIRY DATE (MM / YY)	CREDIT CARD NUMBER (xxxx-xxxx-xxxx-xxxx)	CVC NUMBER
<input type="radio"/> CREDIT <input type="radio"/> DEBIT [Note: Debit payment only accepted in person]	/		

Request Confirmation

SIGNATURE	DATE OF REQUEST
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Please submit this form to exams.artsci@utoronto.ca or the Office of the Faculty Registrar, 1006 Sidney Smith Hall, 100 St. George Street. Copies will be made available to your U of T email address within 3–5 business days of payment.

FOR OFFICE USE ONLY	
TOTAL AMOUNT OWING \$ (\$16.25 per exam copy)	<input type="checkbox"/> PAYMENT ACCEPTED <input type="checkbox"/> PAYMENT DECLINED
REQUEST STATUS	<input type="checkbox"/> NOT A FACULTY FINAL [refund] _____
<input type="checkbox"/> RESTRICTED [refund, do not release] _____ <input type="checkbox"/> DELAYED RELEASE UNTIL _____	

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