Application to view examination script

Section A: Personal details

Student ID Number:

Last name: ___________________________ First names: ___________________________

Contact Number: ___________________ Email: ________________________@student.monash.edu

Section B: Unit details and preferred viewing times

<table>
<thead>
<tr>
<th>Unit code</th>
<th>Unit title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Semester</td>
<td>Year</td>
</tr>
<tr>
<td>Unit coordinator</td>
<td></td>
</tr>
</tbody>
</table>

Reason for wanting to view exam

You will be contacted to arrange a suitable time to meet with the relevant academic to read through the script. Please provide a two hour preferred block of time (in the first two weeks of semester) below.

Preferred two hour viewing date and time 1

Preferred two hour viewing date and time 2

Section C: Student statement and signature

- I acknowledge that the primary objective of allowing students to view their exam script is to provide academic feedback to the student on their exam performance, enabling them to understand where they went wrong and to thereby improve their future learning.
- I declare that I will view the examination script book under academic supervision and I will not photocopy the examination script, mark or alter it in any way.
- I understand that academic staff will not enter into negotiation over final exam marks however errors and omissions can be corrected if verifiable.
- I understand that all fail grade exams have been second marked in accordance with University procedure.
- I understand that I can view my exam script in the first two weeks of the following semester during a ten minute time block specified by the department and that if I miss my scheduled exam viewing time I forfeit any right to view my exam script at a later date.
- I understand that with the exception of distance education units, copies of exam scripts will not be provided to students.
- I understand that exam scripts are normally destroyed six months after the release of results for the unit.

Student signature: ___________________________ Date: ___________________________

Section D: Lodging your application

Submit this form by email to michelle.laing@monash.edu or in hardcopy to Ms Michelle Laing at room 105, level 1, building 69 (22 Alliance Walk) no later than 5pm on the Friday before the commencement of the following semester.

Privacy statement
The information on this form is collected for the purposes of assessing your application to view your examination script. If you do not complete all questions on this form it may not be possible for the application to be assessed by the faculty. You have a right to access personal information that Monash University holds about you, subject to any exceptions in relevant legislation. If you wish to seek access to your personal information or inquire about the handling of your personal information, please contact the University Privacy Officer: privacyofficer@adm.monash.edu.au.