



EXAM REQUEST FORM

Please note that all teachers must ensure the confidentiality and integrity of their exams in conformity to the **English Montreal School Board (EMSB)** and **Ministère de l'Éducation et de l'Enseignement supérieur (MEES)** regulations and standards. All exams and rewrites must be returned to the office **DAILY** without exceptions.

DETAILS

 **PLEASE PRINT** 

Teacher's Name: _____ Date of Request: _____

Course Name: _____ Date of Exam: _____

Course Code: _____ Copies required: _____

EXAM TYPE: ☐ TRADITIONAL ☐ INDIVIDUAL ☐ REWRITE

Ministry version: ☐ A ☐ B ☐ C ☐ D ☐ E ☐ F

BIM version: ☐ A ☐ B ☐ C ☐ D ☐ E ☐ F

Name of Student (Individual exam only):

ADMINISTRATION USE ONLY

Number of exam copies issued: _____ Exam version used: _____

Number of used exams: _____ Number of unused exams: _____

Teacher Signature

Date

Support Staff Signature

Date

DOWNLOAD FORM TO YOUR COMPUTER, FILL OUT, THEN SUBMIT