

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. Please fill out this form and return through the Teacher's page on jlac.ca.

| | DETAILS |
|--|---|
| PLEASE PRINT P | |
| Teacher's Name: | Date of Request: |
| Course Name: | Date of Exam: |
| Course Code: | Copies required: |
| EXAM TYPE: | ☐ TRADITIONAL ☐ INDIVIDUAL ☐ REWRITE |
| Ministry version: | \square A \square B \square C \square D \square E \square F |
| BIM version: | $\square A$ $\square B$ $\square C$ $\square D$ $\square E$ $\square F$ |
| Name of Student (| Individual exam only): |
| | ADMINISTRATION USE ONLY |
| Number of exam copies issued: Exam version used: | |
| Number of used ex | ams: Number of unused exams: |
| Teacher Signature | |
| Support Staff Signat | ure Date |