FINAL EXAM REQUEST
Incomplete forms will not be processed.

Session: __________________________________________
Course: __________________________________________
Section: __________________________________________
Class #: __________________________________________

Reason for request:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Print Name (Instructor): _______________________________________________

Signature (Instructor): _______________________________________________

KCC eMail Address (Instructor): __________________________________________

Alternate eMail Address: _______________________________________________

Date: ______________________

Department Extension: ______

Important Notes:
• Please allow three (3) business days for processing.
• You will be emailed when the exams are ready.
• You must have a valid KCC ID to retrieve exams.