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Office Use Only table with columns Date and Initial, and rows Received, Processed, Confirmation, Reviewed.

FINAL EXAM REQUEST

Incomplete forms will not be processed.

Session: _____

Course: _____

Section: _____

Class #: _____

Reason for request:

Three horizontal lines for writing the 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.

