Revision of the result of a final examination

Office of the Registrar
www.hec.ca

3000, chemin de la Côte-Sainte-Catherine
Montréal (Québec) Canada H3T 2A7
514 340-6151

HEC MONTRÉAL

NOTE

Students should inform us of any change of address or telephone number by emailing us at registraire.info@hec.ca

Please press firmly when completing this form (3 copies).

Family name and given name →

Address → Apt.

City and province →

Postal code →

HEC Montréal file number

date of birth (year / month / day) Mr. ☐ Ms. ☐

telephone (home) (area code / number)

telephone (work or other) (area code / number / extension)

Program:

Term of examination: (✓) ☐ Fall ☐ Winter ☐ Summer

Catalog number	Section	Course title	Name of professor or part-time lecturer

Reason for request (✓) ☐ addition error in the examination book only (specify) ☐ other (specify)

☐ If necessary, use another page and staple it to this form.

date student's signature

Reserved for internal use

Professor: Family name given name

Results of revision

☐ Final examination mark **unchanged**.
Consult your financial file on *HEC en ligne* and pay the fees without further notice.

Reasons:

professor's signature date

☐ Final examination mark **changed** from to (Complete both lines)
bringing the total mark from to
If the new grade allows you to complete your program, please contact the Administrative Office.

Reasons:

professor's signature date

Send to the Academic Office for approval.

signature of the Academic Office Director date

Return this form to at the Office of the Registrar before the specified deadline.

Verification Initials :

White and pink copies
Office of the Registrar

Yellow copy
Return to student