

Student Name _____ Student Number _____

Department/ Unit _____

Please note: "The Department must notify the student of the deficiency [failed grade] and of their recommendation [to the Faculty of Graduate Studies]"
Faculty of Graduate Studies Academic Guide

Course Number and Grade of Failed Course _____

Recommendation

FGS use: Approved Not Approved Initial: _____ Date: _____

Course Number and Grade of Failed Course _____

Recommendation

FGS use: Approved Not Approved Initial: _____ Date: _____

Course Number and Grade of Failed Course _____

Recommendation

FGS use: Approved Not Approved Initial: _____ Date: _____

Department/Unit Head Signature _____ Date _____
(MM/DD/YYYY)

FGS Signature _____ Date _____
(MM/DD/YYYY)