

Student Name _____ Student Number _____

Department/ Unit _____

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

Course Number and Grade of Failed Course _____

Recommendation:

Required to repeat course by _____
(MM/DD/YYYY)

OR

Required to replace course with _____
(i.e. "CRSE 7123)

by _____
(MM/DD/YYYY)

OR

Granted supplemental exam privileges (approved programs only as stipulated in the unit supplemental regulations).

FGS use:	Approved	Not Approved	Initial: _____	Date: _____
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Low Degree GPA: Please note that this is only relevant in cases where the degree GPA is under 3.0 and is not for failed courses.

Recommendation:

Must raise degree GPA to a minimum of 3.0 by _____
(MM/DD/YYYY)

FGS use:	Approved	Not Approved	Initial: _____	Date: _____
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Note: Students are normally expected to complete remedial action by the end of the subsequent term.

Grad Chair/Unit Head Signature _____ Date _____
(MM/DD/YYYY)

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