

Graduate Program Admission Recommendation

Program:

Applicant Name		UFV Student Number
Degree Held	Institution	GPA
Degree In		Year of Degree

Rationale for Exceptional Recommendation

(Complete only when an exception to admission requirements is requested – e.g., GPA below 3.0)

If recommended for admission, list criteria not met and provide a detailed rationale for waiving each requirement. If not recommended, please *fully explain* why not.

Graduate Program Committee Chair

Department/Graduate Program Committee Admission Recommendation:

Yes No Waitlist Conditional

Name	Signature	Date
-------------	------------------	-------------

AVP of Research & Graduate Studies

AVP Admission Decision

Yes No Waitlist Conditional Further Review

Condition(s) to be met:

Date to be met by:

Name	Signature	Date
-------------	------------------	-------------