**SCHOOL OF GRADUATE STUDIES**

**Conditions of Admission**

**Request for Exception**

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| The purpose of the form:   * To request an exception to the condition(s) outlined in the offer of admission. * This form should be completed by the department or program office. * Upload the completed form to SLATE with other Condition Clearing documents. * All forms should be completed in accordance with the regulations outlined in the Calendar of the School of Graduate Studies. | | | | | | | | |
| **STUDENT INFORMATION** | | | | | | | | |
| **FIRST NAME** |  | | | **FAMILY NAME** | |  | **STUDENT NUMBER** |  |
| **FULL-TIME** | |  | **PROGRAMME** | |  | | **DEGREE** |  |
| **PART-TIME** | |  |
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| |  |  | | --- | --- | |  | **Type of Request** | |  | |  |  | | --- | --- | | **Exemption:**  **□** English Language Proficiency  **□** Official Documentation/Transcripts  □ Bachelor’s Degree Completion  □ Master’s Degree Completion  □ Official Translations of Transcripts |  | | |  | |  |   **Notes:**   * Please indicate the rationale for the request within the statement on page 2. * Attach supporting documents as applicable. | | | | | | | | |
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| **STATEMENT BY GRADUATE CHAIR / GRADUATE ADVISOR / DIRECTOR** | | | | | | |
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| **DATE** |  | **PRINTED**  **NAME** |  | **SIGNATURE** |  | |
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| **REVIEW AND DECISION OF THE SCHOOL OF GRADUATE STUDIES** | | | | | | |
|  | | | | | | |
| **DATE** |  | **PRINTED**  **NAME** |  | **SIGNATURE** | |  |