

Student Name: _____ Student ID: _____

Program and Level: _____

Term of Provisional Plan of Study: _____ Current Cumulative GPA: _____

As a condition of my Provisional Standing I will:

- complete this authorized Provisional Contract/Plan of Study, indicate the course which will replace the failure grade, during which I am Provisional until my standing is Clear. I understand that failure to do so may result in deregistration from all courses without warning or notice.
- ensure that any request to change this plan (adding, dropping, changing courses, etc.) is made in writing to my Program Director as soon as I become aware of a potential problem. If the request is granted; an amended plan will be prepared by my program.
- limit my course registration as outlined in this Contract.
- maintain a term grade point average of no less than 2.67 (Master's) or 3.00 (PhD) with no Incompletes (INC) and no unsatisfactory grades regardless of my cumulative grade point average.
- repeat any failed courses if they are offered during this term.
- fulfill any additional obligations noted in the Comments section of my Provisional Contract.
- take responsibility for ensuring that I am up-to-date on the Toronto Metropolitan University, Yeates School of Graduate and Postdoctoral Studies policy pertaining to my standing, and my program's policy pertaining to my standing.
- understand that failure to meet the conditions stated in this contract will jeopardize my ability to successfully appeal my academic standing assigned at the end of this term.
- understand that a second failure on my academic record will mean an automatic withdrawal from the program.

Basis of Provisional Standing: _____

Course(s) To Be Taken: _____

Additional Obligations Required/Comments: _____

I have reviewed and understand all of the conditions outlined in the Contract. I also understand and accept that failure to meet any of the conditions will result in the assignment of a Withdrawn academic standing at the end of this term.

Student Signature

Date

Supervisor's Signature

Date

Program Director's Signature

Date