

ACADEMIC STANDING REVISION FORM

Office Use Only				
Processed by	Date			

Please note: This form can be submitted electronically to sr.appeals@torontomu.ca.

Student Information -	(Please print clearly).		
TMU Student Number Ontario Education			L L L (OEN) (Optional)
Last Name			
First Name(s)			
Program			
Career			
Undergraduate	Continuing Education	Graduate	Law
Term			
Fall	Winter	Spring/Summer	Year L L L
Academic Standing Re	vision		
Previous Academic Standing	g: 		
Revised Academic Standing	:		
Reason (REQUIRED)			
Appeal Decision (PRB1)	Probationary	contract violation override	Other (explanation required below)
Compassionate ground	s (PRB2) Grade Revisio	on	
Explanation (Limit of 300 c	haracters)		
Please provide Student Red	cords with all supporting documenta	tion.	
Chair/Director's Approval (REQUIRED)			
(202)	Print Name	Signature	Date
In exceptional circumstanc	es, further authorization may be requ	uired.	
Dean's Approval			
	Print Name	Signature	Date
Registrar's Approval			
O Property	Print Name	Signature	Date