FORM 01

UNIVERSITY OF THE FRASER VALLEY
SCHOOL OF GRADUATE STUDIES

Graduate Program Admission Recommendation

Program: Computer Science - Master of Science

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**