UNIVERSITY OF TORONTO MISSISSAUGA

Request for GWR Status

To: Assistant Registrar, Academic Standards and Petitions
Office of the Registrar Petitions
University of Toronto Mississauga

For the student/course below, please change the annotation to **GWR** pending the outcome of an inquiry into a possible academic offence.

Student No: _____ Faculty: University of Toronto Mississauga

Student Name _____, _____
(Surname) (Given)

Course: _____ Campus: Mississauga (Erindale) (e.g. ANT101Y5Y)

Session: _____
(e.g. 2012 9)

_____ Date

_____
Signature of Chair

cc: Professor _____
Office of the Dean

_____ _____
Approved: Office of the Dean Date

Once the GWR is approved by the Office of the Dean the form will be forwarded to the Office of the Registrar.