Credit Standing (CR) Grade Request Regulation 3(h)

Please 1	orint NEATI	Y. Please en	ure that ALL	sections of th	ne form are	completed.
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	Surname:	Given Name:	Student Num	ber:				
	Academic Plan/Sub-plan:	Year of Study:	Queen's Ema	il Address:				
	Student Signature:		Date:					
	Personal information collected on this form is collected under the authority of the Royal Charter of 1841, as amended. The information collected on this form may be retained in the student's file, will be used to process this request, and will be shared with Queen's personnel who need the information to perform their duties. If you have any questions about the information collected or how it will be used, please contact the Freedom of Information and Protection of Privacy Coordinator, Faculty of Engineering and Applied Science, Beamish-Munro Hall, Rm 300, or phone 613-533-2055.							
	tional cases where the course, but due to grade than might have borted by their course of Committee for cript in place of a a letter grade. Tram. Requests for as offered.							
	credit standing must be submitted wit Course Code/Number	Course Instructor Name:	Course Instru					
	PLEASE NOTE: Credit Standing (CR) grade requests are only approved in situations in which there are valid extenuating circumstances (that is, circumstances beyond a student's control and are further supported by official documentation, e.g. medical certificate, counsellor's letter, etc.) In the space below, please summarize the official documentation you will be providing as well as your rationale for requesting a CR grade for the above course:							
	To be completed by the Course Instructor: In the section below, please provide the grading scheme and assessed grades for the above student:							
	Assessment Component:		Weight:	Student Grade:				
	Ex: Discussion Forum		Ex: 5%	Ex: 85%				

Course Instructor Signature:	Date:						
To be completed by your Undergraduate Chair							
Do you support this request: Yes No							
Please provide any further information in the space below:							
Undergraduate Chair Signature:	Date:						
For Faculty Office Use Only:							
Approved	Comments:						
☐ Denied							
APC Chair Signature:	Date:						
	To be completed by your Undergraduate Chair Do you support this request: ☐ Yes ☐ No Please provide any further information in the space be Undergraduate Chair Signature: For Faculty Office Use Only: ☐ Approved ☐ Denied	To be completed by your Undergraduate Chair Do you support this request: ☐ Yes ☐ No Please provide any further information in the space below: Undergraduate Chair Signature: For Faculty Office Use Only: ☐ Approved ☐ Comments: ☐ Denied	To be completed by your Undergraduate Chair Do you support this request: ☐ Yes ☐ No Please provide any further information in the space below: Undergraduate Chair Signature: ☐ Date: For Faculty Office Use Only: ☐ Approved ☐ Comments: ☐ Denied ☐ Denied				