

ACADEMIC RE-EVALUATION REQUEST

Office of the Registrar • 1

	(PLE	ASE PRINT)									
Family Name						_	Concordia I.D. Number				
First Name				Date of Birth			DAY MONTH YEAR				
Home Telephone AREA CODE					_	Degree (e.g. BA)		WONTH	TLAN		
Business Telephone AREA CODE E-mail FAX						_	Programme (e.g. History) NOTE: Please inform the Office of the Registrar if you change your address.				
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INSTRUCTIO		ted application is \$41.25 paya		_			lent Service Centre (S I (Interac).	GW – LE	3 185).		
COURSE NA	AME	NUMBER	SESSION	1 5	SECTION		INSTRUCTOR				
Student's Signature						Date					
OFFICE USE ONLY	PAYMENT ME	ETHOD			DA	TE:	AMOUNT:	INITIAL	_S:		
	□ D/C	□ MO1									