

FACULTY OF ARTS AND SCIENCE

STUDENT REQUEST FORM

	(PLEASE PRINT)						
Family Name		First Name					
Address	(civic number/street)	(city)	(postal code)		Concordia I.D. Number		
E-mail	(CIVIC HUITIDEI/SUEGL)	(Oity)	(postal code)		elephone		
Department		Program of Study					
 Check ap Explanat When ref Include a certificate 	(please read care oppropriate box(es) an tion is required. Cor ferring to a course, statement copy of your es, instructor's notes,	fully): Indicate the state of the course of	ason by attaching a letter on the given only when spec	ific reasons ard (i.e. FRAN 211 dia portal and s ill delay proces	e provided. 1 AA Winter 2018 (supporting docume ssing of your reque	est.	
	thdrawal (DISC)		Section Change		Registration	☐ Course Repetition	
	ne deadline and I want the following course(s): so		e deadline and I want to change for which I have already registered		ed the deadline and I be following course(s):	I want permission to repeat a course I have already taken twice.	
i.e. MA	E NUMBER ATH 201	TERM/YEAR WINTER 2018			LAB	TUTORIAL	
(2)							
(3)							
(4)							
Check app	propriate box(es):						
☐ Change Status From P/T to F/T ☐ Waive 24-Credit R				ule	e		
☐ Credit Overload (please specify semester)			☐ Course Substitution		☐ Transfer External Credit(s)		
☐ Late Completion after deadline (INC) ☐ Add			☐ Add/Remove Exem	nption(s)	☐ Retain Cred	dit(s)	
☐ Extension Late Completion ☐ General Education					Other:		
Student Signature:					Date:		
□ Checked appr	. , ,	s for a refund (DN	of explanation □ Attached a cop NE - full or partial) can be fo a → Students → Course Registrat	ound under Cou	ırse Withdrawal on	t signed by a departmental advisor	
		FOR DEF	PARTMENTAL ADVIS	OR'S USE	ONLY		
Comments:							
l							
l							
Departmenta	l Advisor's Name (pie	ase print):					
Denartmenta	al Advisor's Signature:				Date:		