

GINA CODY SCHOOL OF ENGINEERING AND COMPUTER SCIENCE

## UNDERGRADUATE STUDENT REQUEST FORM

**Print clearly**. Submit the completed form to Student Academic Services EV 2.125 or by email to <a href="mailto:sas-front-desk@encs.concordia.ca">sas-front-desk@encs.concordia.ca</a>. Requests submitted near the DNE deadline may be delayed due to high volume.

Conco	ordia ID:				
Family Name:  Email Address:  Currentprogram:			First Name:		
			Daytime Phone:		
				(WHERE YOU CAN BE REACHED DURING THE DAY)	
CHEC	CK THE APPROPRIATE BOX				
	Credit overload (list course, section and term)		Take a course a third time (list course, section and term)		Take a course at another institution (excluding CREPUQ)
	Return to Full-time Status (readmitted students)		Course substitutions		Internal Transfer Credits or course exemption (courses taken at Concordia University only)
			Other (specify below)		, ,,
	ATTA	CH ANY	and all necessary docume	ENTS.	
Desc	ription of Request				
	n the reason(s) for your request clear he course number, term and section			eded. When r	referring to a course,
(If you	r request is approved, you may need	d to make	changes to your class schedule.)		
Student Signature:			Date:		

## Office Use Only: O Approve STUDENT ACADEMICSERVICES O Reject O Send to Department O Send to Associate Dean Name: \_\_\_\_\_\_Date: \_\_\_\_\_ O Comments O Conditions O Notes to Student: UNDERGRADUATE PROGRAM DIRECTOR (if necessary) O Recommend O Reject Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_ O Comments O Conditions O Notes to Student: **ASSOCIATE DEAN** O Approve Reject

Name: \_\_\_\_\_\_ Date: \_\_\_\_\_\_

O Comments O Conditions O Notes to Student:

O Send to SRC