



Preliminary Course Selection Form and Faculty Approval

Last name:

First name:

Concordia ID :

Referring to the appropriate pamphlet/calendar, list course titles and numbers or, where titles are unavailable, list subjects you plan to study at the host institution. Use one form per host institution.

Host Institution (insert name) :

Course Titles and Code numbers in Full *

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.

Concordia University Equivalencies
(course code only)

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.

* Detailed host institution course descriptions must be attached.

The above listed titles have been chosen in conjunction with my Academic Advisor(s). It is understood that this is a preliminary selection and is subject to change. Final approval for courses will be obtained once registration has been completed at the host university/institution.

Student's Signature:

Department's Signature:

Advisor's Name (Print):

Department:

Date:
Day Month Year

Faculty's Signature:

Counsellor's Name (Print):

Date:
Day Month Year