

**FACULTY OF ARTS AND SCIENCE
STUDENT REQUEST FORM
Student Academic Services, Loyola AD-202**

Guidelines (please read carefully):

- ✓ State your request clearly and concisely.
- ✓ Explain the reason you are making this request.
- ✓ When referring to a course, state the course number and section (e.g. FRAN211/2-AA).
- ✓ Include a current copy of your student record on your MyConcordia portal or available at LB-185 and supporting documents, e.g. medical certificates, instructor's notes, course description(s). Failure to do so will delay processing of your request.
- ✓ All requests must be signed by a department advisor.

PLEASE PRINT THE ADDRESS WHERE A RESPONSE IS TO BE SENT:

First Name: _____ Family Name: _____ I.D.#: _____

Address: _____ Phone: _____

City, Province: _____

Postal Code: _____ E-mail address: _____

Department: _____ Program of Study: _____

Check appropriate box(es)

- | | | |
|---|--|---|
| <input type="checkbox"/> Late Disc ¹ | <input type="checkbox"/> Course Substitution ⁵ | <input type="checkbox"/> Waive Residency Requirement ⁹ |
| <input type="checkbox"/> Credit Overload ² | <input type="checkbox"/> Remove Exemption ⁶ | <input type="checkbox"/> Gen. Ed. Requirement ¹⁰ |
| <input type="checkbox"/> Extension Late Completion | <input type="checkbox"/> Retain Credit ⁷ | <input type="checkbox"/> Other ¹¹ |
| <input type="checkbox"/> Deadline ³ | <input type="checkbox"/> Waive 24 Credit Rule ⁸ | |
| <input type="checkbox"/> Transfer External Credit(s) ⁴ | | |

Supporting Documentation(list): _____

*****Please note that requests for Late DNE and Late Registration can be found on the MyConcordia Portal under Student Administrative Affairs**

REQUEST: Please state your request clearly. If you wish, you may attach a letter or additional sheets of paper.

Student's Signature: _____ Date: _____

FOR DEPARTMENTAL ADVISOR'S USE ONLY

Comments:

Departmental Advisor's Name (please print): _____

Departmental Advisor's Signature: _____ Date: _____

FOR STUDENT ACADEMIC SERVICES

Faculty Academic Conselor's Signature: _____ **Date:** _____