

PRELIMINARY COURSE SELECTION FORM

Last name: First name:

Concordia ID: Concordia Faculty:

<p>Host Institution (insert name) : <input type="text"/></p> <p>Course Titles and Code numbers in Full ¹</p> <p>1. <input type="text"/></p> <p>2. <input type="text"/></p> <p>3. <input type="text"/></p> <p>4. <input type="text"/></p> <p>5. <input type="text"/></p> <p>6. <input type="text"/></p> <p>7. <input type="text"/></p> <p>8. <input type="text"/></p> <p>9. <input type="text"/></p> <p>10. <input type="text"/></p>	<p>Concordia University Equivalencies (course code only)²</p> <p>1. <input type="text"/></p> <p>2. <input type="text"/></p> <p>3. <input type="text"/></p> <p>4. <input type="text"/></p> <p>5. <input type="text"/></p> <p>6. <input type="text"/></p> <p>7. <input type="text"/></p> <p>8. <input type="text"/></p> <p>9. <input type="text"/></p> <p>10. <input type="text"/></p>
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1. Detailed host institution course descriptions must be attached.
2. If the course will count as an elective towards your degree, please write "ELECTIVE" in this column.

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 Advisor's / GPD's Signature: Advisor's Name (Print):

Department: Date:
Day Month Year

Faculty Advisor's Signature: Advisor's Name (Print):

Date:
Day Month Year