

(PLEASE PRINT)

Family Name _____

Concordia I.D. Number _____

First Name _____

Date of Birth

DAY	MONTH	YEAR
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DAY MONTH YEAR

Home Telephone _____
AREA CODE _____

AREA CODE

Degree (e.g. BA) _____

Business Telephone _____
AREA CODE

AREA CODE

Programme (e.g. History) _____

E-mail _____

NOTE: Please inform the Office of the Registrar if you change your address.

FAX _____

INSTRUCTIONS: Completed application is to be brought to the Birks Student Service Centre (SGW – LB 185).

The fee is \$47.50 payable by credit card or debit card (Interac).

COURSE NAME

NUMBER

SESSION

SECTION

INSTRUCTOR

Age Group	Number of People
0-14	10
15-24	20
25-34	40
35-44	30
45-54	20
55-64	10
65-74	5
75-84	2
85-94	1
95+	1

Be sure to indicate what it is (examination, term paper, etc.) you wish re-evaluated and what informal attempts toward re-evaluation have been made. Give SPECIFIC reasons why you are seeking re-evaluation. **Before completing this section, it is recommended that you read the section(s) in the undergraduate or graduate calendar entitled “Academic Re-evaluation Procedures”.** The grounds for a re-evaluation request are restricted to claims that: a miscalculation of the grade occurred; or the evaluation of the work was demonstrably unfair.

[illegible]

Student's Signature _____ **Date** _____

Date _____

OFFICE USE ONLY	PAYMENT METHOD	DATE:	AMOUNT:	INITIALS:
	<input type="checkbox"/> CC <input type="checkbox"/> D/C			