

(PLEASE PRINT)

Family Name \_\_\_\_\_

Please tick if you are a  
Potential Graduate for  Spring or  Fall

First Name \_\_\_\_\_

Concordia I.D. Number \_\_\_\_\_

Home Telephone \_\_\_\_\_  
AREA CODE \_\_\_\_\_

Date of Birth (DD/MM/YY) \_\_\_\_\_

Business Telephone \_\_\_\_\_  
AREA CODE \_\_\_\_\_

**NOTE:** If you change your address or email, please update your Student Centre accordingly.

E-mail address \_\_\_\_\_

- Procedure:**
- Deadline for application:
    - February 1st** for Fall courses (/2) if you are a potential graduate in the Faculties of Arts & Science or Fine Arts
    - June 15** for Fall/Winter courses (/2 /3 /4)
    - September 16** for Summer courses (/1)
  - Processing fee: **\$40 per course (refundable if request denied)**

I wish to write a supplemental examination in the course(s) listed below:

COURSE NAME	COURSE NUMBER	SESSION	SECTION	GRADE
e.g. ACCO	213	4	AA	F
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<b>EXAMS OFFICE USE ONLY</b>  <b>DECISION</b>  _____  _____  _____
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**Regulations:**

- You must be in acceptable standing. Students on Probation or Conditional Standing are **not eligible** to write supplementals.
- Supplemental examinations may only be written for courses with a final grade of **F, F/DNW, NC or NC/DNW**.
- The grade for a supplemental examination is counted as a second attempt at the course. The grades from both attempts are included in calculating Grade Point Averages and assessments of academic standing.
- A student who fails a supplemental examination is give a grade of R. A student who does not write a supplemental examination is not assigned a second failing grade for the course.
- This application must be submitted to the **Birks Student Service Centre (LB 185)** by the deadline noted above along with the necessary processing fee.
- Additional regulations concerning supplemental examinations are contained in **Section 16.3** of the current Undergraduate Calendar.

Student's Signature \_\_\_\_\_

Date \_\_\_\_\_

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