

Concordia University
Department of Chemistry and Biochemistry
STUDENT REQUEST FORM

Date: _____

ID#: _____

Last Name: _____

First Name: _____

Email: _____

Please attach a current copy of your transcript. New Students must supply a copy of their letter of acceptance.

GUIDELINES:

1. Please state your request and explain your reasons as clearly as possible. When referring to a course, state the course number and sections. e.g. CHEM 205/2 Lec 01 Lab/Tut 02.
 2. Include supporting documents (transcripts, instructor's note. etc.) where necessary. Please note that medical certificates should establish duration, nature and extent to which your studies have been affected.
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Add/drop Major/Specialization/ Minor

Transfer to Honours

Waive pre-requisites

Change section/lab

Other (Please specify): _____

Explanation: _____

A decision on your request will be made within one week from date received.

Student's signature: _____

For office use only:

REQUEST: Approved

Denied

Date: _____

Comments:

Advisor's signature: _____