

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

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**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.

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**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: \_\_\_\_\_

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**Check appropriate box(es)**

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

Supporting Documentation (list): \_\_\_\_\_

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

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

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Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**FOR DEPARTMENTAL ADVISOR'S USE ONLY**

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Departmental Advisor's Name (please print): \_\_\_\_\_

Departmental Advisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**FOR STUDENT ACADEMIC SERVICES**

**Faculty Academic Counselor's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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