

**CONCORDIA UNIVERSITY ENTRANCE SCHOLARSHIP**  
**CONFIRMATION FORM**

**Faculty of Arts and Science**

Please return this form by mail or fax no later than the date indicated on your scholarship offer letter.

**Student Name:** \_\_\_\_\_

**Concordia Student ID:** \_\_\_\_\_

**Area of Concentration:** \_\_\_\_\_

**Social Insurance Number:** \_\_\_\_\_

\_\_\_\_ I wish to confirm my acceptance of this award

\_\_\_\_ I decline the offer

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

Return to: Mr. G. McGravie  
Concordia University  
Faculty of Arts and Science  
Student Academic Services  
7141 Sherbrooke Street West  
Room AD-202  
Montréal, Québec  
H4B 1R6  
Fax: (514) 848-3092  
Phone: (514) 848-2424 ext. 5377