

## FACULTY OF ARTS AND SCIENCE

## STUDENT REQUEST FORM

(PLEASE PRINT)					
Family Name			First Name		
Address E-mail			Concordia I.D. Number		
Department		Program	of Study	A CODE	
<ul> <li>Explanation is required.</li> <li>When referring to a course</li> <li>Include a current copy of y certificates, instructor's no</li> </ul>	) and state your rea Considerations ca e, state the course your <u>unofficial trans</u> tes, course descrip	script from your MyConcordia otion(s). Failure to do so will o		ents, ie. original medical	
☐ Late Withdrawal (DISC)		e Section Change	☐ Late Registration	☐ Course Repetition	
I have missed the deadline and I want to withdraw from the following course(s)		e deadline and I want to change for which I have already registered:	I have missed the deadline and I want to add the following course(s):	I want permission to repeat a course I have already taken twice.	
		AA AA		TUTORIAL	
Check appropriate box(e	s):				
☐ Change Status From P/T to F/T		☐ Waive 24-Credit Rule	e 🔲 Waive Res	☐ Waive Residency Requirement	
☐ Credit Overload (please specify semester)		☐ Course Substitution	☐ Course Substitution ☐ Transfer External Credit(s)		
☐ Late Completion after deadline (INC)		☐ Add/Remove Exemp	tion(s) Retain Credit(s)		
☐ Extension Late Completion		☐ General Education	☐ General Education ☐ Other:		
Student Signature:			Date:	Date:	
., , , , ,	ests for a refund (D		of unofficial transcript □ Had requesend under Course Withdrawal on on → Course Withdrawal		
	FOR DEF	PARTMENTAL ADVISO	OR'S USE ONLY		
Comments:					
Departmental Advisor's Name (			Date		