

(PLEASE PRINT)

Family Name \_\_\_\_\_ Concordia I.D. Number \_\_\_\_\_

First Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
DAY MONTH YEAR

E-mail \_\_\_\_\_ Cell / Telephone \_\_\_\_\_  
AREA CODE

**Late Withdrawal**

I have missed the deadline and I want to withdraw from the following course(s):

	COURSE	NUMBER/TERM	SECTION
<i>i.e.</i>	MATH	201/4	AA
(1)	_____	_____	_____
(2)	_____	_____	_____
(3)	_____	_____	_____
(4)	_____	_____	_____

**Please select one of the boxes:**

**LATE DNE**  
Refund of fees and no academic penalty.

**LATE DISC**  
No refund of fees but no academic penalty.

**Your request for late withdrawal must be accompanied by the following:**

- A clear detailed and type written explanation of the unforeseen event(s) or circumstance(s) which prevented you from dropping the course(s) by the deadline. Indicate if you are asking for a refund (financial credit) of fees for this course(s)
- A written statement from the instructor of the course(s) confirming the date you stopped attending class and that you did not complete course work or exams after that date.
- All relevant documentation which supports your case. This might include (but is not limited to) such documents as:
  - Medical Certificate [concordia.ca/content/dam/concordia/offices/registrar/docs/independent/medical\\_eng.pdf](http://concordia.ca/content/dam/concordia/offices/registrar/docs/independent/medical_eng.pdf) duly completed, signed and stamped by a licensed medical practitioner (the MD's license number must be clearly noted on the form)
  - Hospital records, death certificate
  - Accident, police report
  - Travel boarding passes

**Please be advised that refunds are only granted in limited, exceptional cases and may require further written explanation or documentation to be submitted. Late DNE requests are sent to the URWC (University Retroactive Withdrawal Committee) for a decision. For more information, please go to: [concordia.ca/students/registration/course-withdrawals.html#late-course-withdrawals](http://concordia.ca/students/registration/course-withdrawals.html#late-course-withdrawals)**

**Course Overload**

I want to register for 12 credits per term.

**To be considered, your request must meet the following requirements:**

- You must be in good academic standing.
- You have completed 9 university-level credits at Concordia University.
- You have a cumulative GPA of 2.7 and above.

**Note: This permission will be revoked if you do not maintain a cumulative GPA of 2.7 and above.**

**Course Repetition (permission to repeat a course)**

**To be considered, you must have a cumulative GPA of 2.0 and above.**

I want permission to repeat a course I have already taken twice.

	COURSE	NUMBER/TERM	SECTION
<i>i.e.</i>	MATH	201/4	AA
	_____	_____	_____

**Late Registration**

I have missed the deadline and I want to add the following course(s):

	COURSE	NUMBER/TERM	SECTION
<i>i.e.</i>	MATH	201/4	AA
(1)	_____	_____	_____
(2)	_____	_____	_____
(3)	_____	_____	_____
(4)	_____	_____	_____

**Your request for late registration must meet the following conditions and be accompanied by:**

- A dated and signed letter/email from the department indicating approval for late registration into the course. (Separate letters for each course must be submitted)
- A dated and signed letter/email from the professor indicating you have attended the course. (Separate letters for each course must be submitted)
- A clear and detailed written explanation outlining the reasons why you were not able to register during the regular University registration period.
- You have no outstanding balance owed on your student account.
- You have the necessary prerequisites for the course.

**Late Section Change**

I have missed the deadline and I want to change sections in a course for which I have already registered:

*i.e.* ENGL 212/2 Section 01 to Section AA

From: \_\_\_\_\_ Section \_\_\_\_\_ to Section \_\_\_\_\_

From: \_\_\_\_\_ Section \_\_\_\_\_ to Section \_\_\_\_\_

**To be considered, you must explain why the section change is necessary:**

\_\_\_\_\_  
\_\_\_\_\_

**Mailing Address:**  
 Concordia University  
 Attention: Serhiy Homonyuk  
 Room FB-900  
 1455 De Maisonneuve Blvd. West  
 Montreal, Quebec, Canada H3G 1M8

**In Person/ Courier Drop-Off Location:**  
 Attention: Serhiy Homonyuk  
 Birks Student Service Center, Room LB-185  
 Concordia University  
 1400 De Maisonneuve Blvd. W.  
 Montreal, Quebec, Canada H3G 2V8

**By E-mail as an attachment:**  
 undergrad.independent@concordia.ca

- include your signature
- combine/merge multiple PDF files into a single file.

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

OFFICE USE ONLY	
_____	_____
_____	_____
_____	_____
Date _____	_____