UNDERGRADUATE
STUDENT REQUEST FORM

Print clearly. Submit the completed form to Student Academic Services EV 2.125. Requests submitted near the DNE deadline may be delayed due to high volume.

Concordia ID: ________________________________

Family Name: ________________________________ First Name: ________________________________

Email Address: ________________________________ Daytime Phone: ________________________________

(WHERE YOU CAN BE REACHED DURING THE DAY)

Current program: ________________________________

CHECK THE APPROPRIATE BOX

☐ Credit overload
(list course, section and term)

☐ Take a course a third time
(list course, section and term)

☐ Take a course at another institution (excluding CREPUQ)

☐ Return to Full-time Status
(readmitted students)

☐ Take a 300 or 400-level
ENCS course

☐ Transfer credits or course
exemption (attach course
descriptions and transcripts)

☐ Course substitution

☐ Other (specify below)

ATTACH ANY AND ALL NECESSARY DOCUMENTS.

Description of Request

Explain the reason(s) for your request clearly and concisely. Attach a separate sheet if needed. When referring to a course, state the course number, term and section (e.g., ENCS282/2-AA).

_____________________________________________________________________________________________

_____________________________________________________________________________________________

_____________________________________________________________________________________________

_____________________________________________________________________________________________

_____________________________________________________________________________________________

_____________________________________________________________________________________________

_____________________________________________________________________________________________

(If your request is approved, you may need to make changes to your class schedule.)

Student Signature: ________________________________ Date: ________________________________
Office Use Only:

STUDENT ACADEMIC SERVICES

- Approve
- Reject
- Send to Department
- Send to Associate Dean

Name: ___________________________ Signature: __________________________________________ Date: __________

- Comments
- Conditions
- Notes to Student:

UNDERGRADUATE PROGRAM DIRECTOR (if necessary)

- Recommend
- Reject

Name: ___________________________ Signature: __________________________________________ Date: __________

- Comments
- Conditions
- Notes to Student:

ASSOCIATE DEAN

- Approve
- Reject
- Send to SRC

Name: ___________________________ Signature: __________________________________________ Date: __________

- Comments
- Conditions
- Notes to Student: