Print clearly. Submit the completed form to the Undergraduate Programs Office at MB 4.201

Concordia ID: ________________________________

Family Name: ________________________________ First Name: ________________________________

Email Address: ________________________________ Daytime Phone: ________________________________

(Where you can be reached during the day)

Check the appropriate box

☐ Take a 3-credit overload
☐ Withdrawal from courses
☐ Take courses at another institution

☐ Take two courses concurrently
☐ Take an additional Business course
☐ Transfer credits or course exemption
   (for non-JMSB students)

☐ Waiver of prerequisite
☐ Other (specify): ________________________________

☐ Change to Full-time Status
☐ Course substitution

Attach any and all documentary proof for extenuating circumstances.

Description of Request

Explain the reason(s) for your request clearly and concisely. When referring to a course, state the course number and section (e.g., MARK 453/2-AA). Use the back of this sheet if needed.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

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

Student Signature: ________________________________ Date: ________________________________

Office Use Only:

Date: ________________________________ Request Granted: __ Yes __ No

Comments/Conditions/Notes To Student: ________________________________________________

________________________________________________________________________

________________________________________________________________________

Advisor’s Signature: ________________________________