



Undergraduate Student Request Form

Submit the completed form by email to	o study.jmsb@concordia.ca		
Concordia ID:			
Family Name:	First Name:	First Name: Daytime Phone:	
Email Address:	Daytime Phone:		
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	
Waiver of prerequisite	(for non-JMSB students)	Other (specify):	
Change to Full-time Status	Course substitution		
Attach ar	ny and all documentary proof for extenuating circ	rumstances.	
If your request is approved, you may nee	ed to make changes to your class schedule.)		
Student Signature:	Date:		
	Request Granted: udent:		
Advisor's Signature:			

