

Advisor's Signature: ___



Undergraduate Student Request Form

Submit the completed form by email to your assigned Academic Advisor Concordia Student ID: Family Name: First Name: Daytime Phone:_____ Email Address: (WHERE YOU ARE REACHABLE DURING THE DAY) Choose the appropriate request: Take courses at another Institution Take a 3-credit Overload Exception to Course Repeat Rule Change to Full-time Status Other (specify): Course Repetition (3rd time or more) 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). Attach additional sheet if needed. Student Signature: Office Use Only: Request Granted: Yes No Date: Comments/Conditions:

