

## Undergraduate Student Request Form

Submit the completed form by email to your assigned [Academic Advisor](#)

Concordia Student ID: \_\_\_\_\_

Family Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

First Name: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_  
(WHERE YOU ARE REACHABLE DURING THE DAY)

***Choose the appropriate request:***

Take a 3-credit Overload

Take courses at another Institution

Change to Full-time Status

Exception to Course Repeat Rule

Course Substitution

Other (specify): \_\_\_\_\_

***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: \_\_\_\_\_ Date: \_\_\_\_\_

**Office Use Only:**

Date: \_\_\_\_\_

Request Granted:      Yes      No

Comments/Conditions:

Advisor's Signature: \_\_\_\_\_