UNIVERSITÉ Concordia UNIVERSITY

FACULTY OF ARTS AND SCIENCE

STUDENT REQUEST FORM

(PLEASE PRINT)

Family Name _____ **First Name** _____

Address _____ **Concordia I.D. Number** _____
(civic number/street) (city) (postal code)

E-mail _____ **Cell / Telephone** _____
AREA CODE

Department _____ **Program of Study** _____

Guidelines (please read carefully):

- Check appropriate box(es) and state your reason by attaching a **letter of explanation** to this request.
- **Explanation is required.** Considerations can be given only when specific reasons are provided.
- When referring to a course, state the course number, section and term (i.e. FRAN 211 AA Winter 2018 (term is key for enrolment)).
- Include a current copy of your **unofficial transcript** from your CU account and supporting documents, ie. original medical documentation, notes from your professor(s) indicating attendance and participation for requested courses, course description(s). Failure to do so will delay processing of your request.

☐ **Late Section change**

I have missed the deadline and I want to change sections in a course for which I have already registered:

	COURSE NUMBER	TERM/YEAR	SECTION	LAB	TUTORIAL
i.e.	*MATH 201*	*WINTER 2018*	*AA*		
(1)					
(2)					
(3)					
(4)					

Check appropriate box(es):

- ☐ Change Status From P/T to F/T
- ☐ Late Completion after deadline (INC)
- ☐ Extension Late Completion
- ☐ Waive 24-Credit Rule Add/
- ☐ Remove Exemption(s)
- ☐ General Education
- ☐ Waive Residency Requirement
- ☐ Transfer External Credit(s)
- ☐ Retain Credit(s)
- ☐ Other: _____

Student Signature: _____ **Date:** _____

Student Request Checklist:

☐ Checked appropriate box(es) above ☐ Attached a letter of explanation ☐ Attached a copy of unofficial transcript ☐ Had request signed by a departmental advisor

Please note that requests for a refund (DNE - full or partial) can be found under Course Withdrawal on www.concordia.ca
Concordia.ca → Students → Course Registration → Course Withdrawal

FOR DEPARTMENTAL ADVISOR'S USE ONLY

Comments: _____

_____

_____

Departmental Advisor's Name (please print): _____

Departmental Advisor's Signature: _____ **Date:** _____

Departmental Advisors - send completed form to: Faculty of Arts and Science
Student Academic Services
Loyola AD - 202
514-848-2424, ext. 2104
Fax: 514-848-3092

Last updated: August 2026