Université Concordia University

FACULTY OF ARTS AND SCIENCE

Date:

Student I.D.:

Student name:

Student Request: Professor note

This form serves as supplemental documentation to your student request. It should be used when requesting a retroactive withdrawal for either a refund (DNE) or an academic withdrawal (DISC).

Professor Signature:

Date:

Instructions:

(1) Please submit this form to your professor(s) who taught the course(s) from which you wish to withdraw.

(2) Once duly completed, submit this (these) form(s), along with your Student Request form, student record and any other supporting documentation to your department advisor.

This section to be completed by the course professor:

Your student is requesting a retroactive withdrawal from your course. Please provide the following information:

Your name:

Your course:

Dept number section term

Please describe your student's attendance in this course (did the student attend from the beginning, consistently, sporadically, etc.?):

Please describe your student's participation in this course (did the student submit assignments, do mid-terms/quizzes, the final, etc.?):

Were you aware of the situation that caused your student to withdraw from the course?

To the best of your knowledge, when did the student stop attending?