

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: _____