FACULTY OF ARTS AND SCIENCE STUDENT REQUEST FORM

Student Academic Services, Loyola AD-202

Guidelines (please read carefully):

- ✓ State your request clearly and concisely.
- ✓ Explain the reason you are making this request.
- ✓ When referring to a course, state the course number and section (e.g. FRAN211/2-AA).
- ✓ Include a current copy of your <u>student record</u> on your MyConcordia portal or available at LB-185 and supporting documents, e.g. medical certificates, instructor's notes, course description(s). <u>Failure to do so will delay processing of your request.</u>

✓ All requests must be signed by a department advisor. PLEASE PRINT THE ADDRESS WHERE A RESPONSE IS TO BE SENT: First Name: _______Family Name: ________I.D.#: ______ Phone: Address: ____ City, Province: Postal Code: ___ e-mail address: Program of Study: Department: Check appropriate box(es) □ Late Disc Credit Overload² ☐ Course Substitution⁵ ☐ Waive Residency Requirement9 □ Credit Overload² □ Remove Exemption⁶
□ Extension Late Completion Deadline³ □ Retain Credit⁷
□ Transfer External Credit(s)⁴ □ Waive 24 Credit Rule⁸ ☐ Gen. Ed. Requirement¹⁰ □ Other¹¹ Supporting Documentation (list): ***Please note that requests for Late DNE and Late Registration can be found on the MyConcordia Portal under Student Administrative Affairs REQUEST: Please state your request clearly. If you wish, you may attach a letter or additional sheets of paper. Student's Signature: Date: FOR DEPARTMENTAL ADVISOR'S USE ONLY Comments: Departmental Advisor's Name (please print): Departmental Advisor's Signature: FOR STUDENT ACADEMIC SERVICES

Student Academic Services December 2009

Faculty Academic Counselor's Signature:

Fax (514) 848-3092

Date: