

Concordia University
Faculty of Engineering and Computer Science
Change of Concentration Form

1. This form should be used for:
 - a. Students in the Faculty of Engineering and Computer Science who would like to be considered for a Change of Concentration within their current degree program (e.g., B.Eng, Civil or Industrial or B.Comp.Sci., Information systems to Computer Applications) or
 - b. Students from other Faculties wishing to add a Minor in Computer Science to their current degree program.
2. Change of Concentrations will be considered for the Fall and Winter terms only. Applications must be made at least one month prior to the start of the term. Applications received at the beginning of a term will only be considered for the following session.
3. Students must have **completed** a minimum of 1-2 terms at Concordia prior to applying for a degree transfer, e.g., students admitted in September 2001 are only eligible for transfer in Fall 2002.
4. Students must have completed the required prerequisite courses prior to requesting a change of concentration. Students from out of faculty requesting a Minor in Computer Science must have already completed MATH 203, 204 and 205 or the equivalent.
5. Approval of a Change of Concentration is based on academic performance (i.e., an annual/cumulative GPA and grades in relevant subjects.)

Please print clearly

Name: _____ **Concordia ID No.:** _____

E-mail address: _____ **Home Telephone:** _____

Mailing Address: _____

City: _____ **Province:** _____ **Postal Code:** _____

My current degree is: ☐ Bachelor of Engineering ☐ Bachelor of Computer Science

My current program of study is: _____

☐ **I wish to change my concentration to:** _____

☐ **(For students outside of the Faculty of Engineering and Computer Science) My current program of study is and would like to add a Minor in Computer Science to my program of study.**

I understand that my applications will be considered for the next academic session and I will be advised by email of the decision. If I do not have an e-mail account, I will be advised by mail of the decision. I understand that only one change of concentration can be made per academic year and that it is my responsibility to notify the Faculty if I wish to cancel my request.

Student's Signature: _____ **Date:** _____

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For Office Use Only

Received: _____ **Decision:** ☐ Yes ☐ No **Processed:** _____ ☐ A ☐ M