



GINA CODY
SCHOOL OF ENGINEERING
AND COMPUTER SCIENCE

UNDERGRADUATE STUDENT REQUEST FORM

Print clearly. Submit the completed form to Student Academic Services EV 2.125 or by email to sas-front-desk@encs.concordia.ca.
Requests submitted near the DNE deadline may be delayed due to high volume.

Concordia ID: _____

Family Name: _____

First Name: _____

Email Address: _____

Daytime Phone: _____

(WHERE YOU CAN BE REACHED DURING THE DAY)

Current program: _____

CHECK THE APPROPRIATE BOX

- | | | |
|--|--|--|
| <input type="checkbox"/> Credit overload
(list course, section and term) | <input type="checkbox"/> Take a course a third time
(list course, section and term) | <input type="checkbox"/> Take a course at another
institution (excluding CREPUQ) |
| <input type="checkbox"/> Return to Full-time Status
(readmitted students) | <input type="checkbox"/> Course substitutions | <input type="checkbox"/> Internal Transfer Credits or
course exemption (courses
taken at Concordia
University only) |
| <input type="checkbox"/> Other (specify below) | | |

ATTACH ANY AND ALL NECESSARY DOCUMENTS.

Description of Request

Explain the reason(s) for your request clearly and concisely. Attach a separate sheet if needed. When referring to a course, state the course number, term and section (e.g., ENCS282/2-AA).

(If your request is approved, you may need to make changes to your class schedule.)

Student Signature: _____ Date: _____

Office Use Only:

STUDENT ACADEMIC SERVICES

- ☐ Approve
- ☐ Reject
- ☐ Send to Department
- ☐ Send to Associate Dean

Name: _____ Signature: _____ Date: _____

☐ Comments ☐ Conditions ☐ Notes to Student:

UNDERGRADUATE PROGRAM DIRECTOR (if necessary)

- ☐ Recommend
- ☐ Reject

Name: _____ Signature: _____ Date: _____

☐ Comments ☐ Conditions ☐ Notes to Student:

ASSOCIATE DEAN

- ☐ Approve
- ☐ Reject
- ☐ Send to SRC

Name: _____ Signature: _____ Date: _____

☐ Comments ☐ Conditions ☐ Notes to Student: