



Student ID Number				Last Name				First Name				Middle Initial	
Campus				Faculty				Program					

DISCLAIMER											
<p>By submitting this academic plan, I acknowledge that any time conflict and/or missing pre-requisite is my sole responsibility. This form does not guarantee that time conflict requests and/or pre-requisite waiver requests will be approved.</p> <p>Academic plans are approved based on course sequencing only as it is not possible to know if time conflicts will occur or if classes are offered.</p> <p>I acknowledge that I have read the statement above and agree with it.</p>											
Student Signature						Date					

Academic Plan for Coop Internship Letter of Permission (LOP)

Semester: _____

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Semester: _____

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<p><u>Instructions:</u></p> <p>Semester = Winter (W), Spring/Summer (SS) or Fall (F). Please add the year.</p> <p>Example: W19, SS19, F19, etc.</p> <p>_____</p> <p>Use one line per course. Indicate work term on first line of the semester you anticipate be working.</p> <p>_____</p> <p>Please submit the signed academic plan as follows:</p> <ol style="list-style-type: none"> 1. for Coop or Internship Study Program to enggcoop@uregina.ca 2. for LOP to Melissa Berwald (melissa.berwald@uregina.ca)
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Semester: _____

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