

**GRADUATE STUDENTS
ADMISSION APPLICATION FOR CO-OPERATIVE EDUCATION WORK TERM**

STUDENT INFORMATION

Last or Family Name		First Name		Middle Initial	Uof R Student Number									
Current Mailing Address:					Email Address:									
City or Town			Province			Postal Code								
Home Phone:				Cell Phone:										
Program:			Major:			Route:								

REQUEST

Length: 4 month 8 month 4 month extension

Expected graduation date with Co-op Program: _____

If accepted to the program, I am prepared to begin my first work term in the:

	Semester	Year
<input type="checkbox"/>	Fall (Sept. – Dec.)	
<input type="checkbox"/>	Winter (Jan. – Apr.)	
<input type="checkbox"/>	Spring/Summer (May – Aug.)	

Are you an **International Student**? Yes No

*Are you of **Aboriginal Ancestry**? Yes No **Provision of this information is optional and voluntary*

I understand that if I am accepted into the Co-op Program, I am committed to completing the required number of work terms within this program, although I am in no way guaranteed employment during these terms.

I understand that if I withdraw from the Co-op Program before completing the required number of work terms, I may be assessed a withdrawal fee.

Student Signature: _____ Date: _____

APPROVAL

Supervisor (if applicable)

Signature: _____ Printed Name: _____ Date: _____

Department Head/Program Chair, Graduate Coordinator, Co-op Coordinator (or designate)

Signature: _____ Printed Name: _____ Date: _____

Work term placement confirmation should be copied to the Faculty of Graduate Studies and Research for addition to the student file.