

UNIVERSITY OF REGINA

Co-operative Education Program Faculty of Administration Academic Plan Submission Form

PRINT CLEARLY

Faculty of Administration

Name _____ Student Number _____

Local Address _____
(Street Address or Post Office Box)

(City)

(Province)

(Postal Code)

Telephone Number: _____
(Work) (Home)

Reason for Request _____

Year	Semester	Credit Hours Completed or Planned for this Semester	Workterm Number (if Workterm Completed or Planned)	Total Credit Hours Towards B.Admin at the end of this semester	Comments
	Winter				
	Spring/Summer				
	Fall				
	Winter				
	Spring/Summer				
	Fall				
	Winter				
	Spring/Summer				
	Fall				

Date Student's Signature

After completing this form, please return to your Academic Co-ordinator for approval.

Approved: _____
Date Co-ordinator's Signature