



**Co-operative Education Program  
Academic Plan Form  
FACULTY OF ARTS**

University  
of Regina

Name \_\_\_\_\_ Student Number \_\_\_\_\_

Major \_\_\_\_\_ Federated College: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ (Work) \_\_\_\_\_ (Home)

Total credit hours completed towards BA: \_\_\_\_\_ Credit hours currently registered in: \_\_\_\_\_ Semester: \_\_\_\_\_  
 \_\_\_\_\_ Semester: \_\_\_\_\_

Semester and Year (eg. Fall 2005, Winter 2006, S/S 2006....)	Work or Academic term ?	Number of credit hours (if academic term)	Courses planned for the semester. <ul style="list-style-type: none"> <li>▪ Indicate required courses.</li> <li>▪ Elective courses can be specified by "elective".</li> </ul>	Comments

***Please attach a program outline updated with the courses you've completed.***  
*(Found at [www.uregina.ca/arts/student\\_services](http://www.uregina.ca/arts/student_services))*

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**After completing this form and updating your program outline, please return them to your federated college for review (if applicable) and the Academic Co-ordinator (Arts Student Services Office, CL 411) for approval.**

Reviewed: \_\_\_\_\_  
 Federated college academic office (if applicable)

\_\_\_\_\_  
Date

Approved: \_\_\_\_\_  
 Academic Co-ordinator (CL 411)

\_\_\_\_\_  
Date

Distribution: Student                      student file (or federated college)                      Co-op Office                      Arts Student Services Office