University of Regina

Co-operative Education
Regina, Saskatchewan S4S 0A2
Fax (306) 585-4659 Phone (306) 585-4600
coopoff@uregina.ca www.uregina.ca/coop_ses

Engineering Application for Re-Activation

Term _____ Year _____ Discipline _____

Name _____ Social Insurance No. _____

Email Address_____ Student Number _____

Local Address _____
(City) (Province) (Postal Code)

Telephone Number _____ _____
(Home) (Work)

Classes Currently Enrolled In:				
Semester Hours:				

Check One: a) Will you be going through interviews? Yes ☐ No ☐

You are responsible for updating you resume and following the co-op student's on-campus schedule

b) Returning to previous employer? Yes ☐ No ☐

c) If returning, please attach a copy of the job description to this application.

Organization _____

Supervisor _____

Date _____ Signature_____

(Please return completed form to the Co-op Office)

For Office Use Only:

PGPA: _____ on _____ Completed Hours; Current Hours _____ TGPA: _____ in _____

Accepted _____ Rejected _____

Comments:

Academic Coordinator Signature: _____