

CO-OPERATIVE EDUCATION AND INTERNSHIPS
Centre for Experiential and Service Learning
Dr. William Riddell Centre, Room 163
Regina, SK S4S 0A2

Phone: 306-585-4600 Fax: 306-585-4659

coop.office@uregina.ca www.uregina.ca/careercentre

## **Application for Re-Admission**

Faculty			Department/Major			
Name			Social Insurance No			
Email Addres	s		Student Number			
Local Address	s					
		(City)	(Province)		(Postal Code)	
Telephone Number		(II)			(Work)	
		(Home)		(W		
Classes Curre Enrolled In:						
Semester Hou	ırs:					
Check One:	a)	Will you be going through interviews? Yes No				
	You ar	re responsible for updating yo	ou resume and follow	wing the co-op sto	ıdent's on-campus s	schedul
	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 co	ompleted form to the	e Co-op Office)		
For Office Us	e Only:					
PGPA:	on	Completed Hours;	Current Hours	TGPA: _	in	
Accepted		Rejected				
Comments:						
Academic Co	ordinator	Signature:				