

| Student ID Number |  |         |  | Last Name |  |  |  | First Name |  |  |  | Middle Initial |  |
|-------------------|--|---------|--|-----------|--|--|--|------------|--|--|--|----------------|--|
|                   |  |         |  |           |  |  |  |            |  |  |  |                |  |
| Campus            |  | Faculty |  | Program   |  |  |  |            |  |  |  |                |  |

| DISCLAIMER   |  |      |  |
|--|--|------|--|
| <p>By submitting this academic plan, I acknowledge that any time conflict and/or missing pre-requisite is my sole responsibility. This form does <b>not</b> guarantee that time conflict requests and/or pre-requisite waiver requests will be approved.</p> <p>Academic plans are approved based on course sequencing only as it is not possible to know if time conflicts will occur or if classes are offered.</p> <p>I acknowledge that I have read the statement above and agree with it.</p> |  |      |  |
| Student Signature  |  | Date |  |

Academic Plan for    Coop    Internship    Letter of Permission (LOP)    Pre-requisite Waiver

Semester: \_\_\_\_\_

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Semester: \_\_\_\_\_

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Semester: \_\_\_\_\_

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Semester: \_\_\_\_\_

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**Instructions:**

Semester = Winter (W), Spring/Summer (SS) or Fall (F). Please add the year.

Example: W19, SS19, F19, etc.

\_\_\_\_\_

Use one line per course. Indicate work term on first line of the semester you anticipate be working.

\_\_\_\_\_

Please submit the signed academic plan as follows:

1. for Coop or Internship Study Program to [enggcoop@uregina.ca](mailto:enggcoop@uregina.ca)
2. for LOP to Melissa Berwald ([melissa.berwald@uregina.ca](mailto:melissa.berwald@uregina.ca))
3. for pre-requisite waiver to [engg@uregina.ca](mailto:engg@uregina.ca)

Semester: \_\_\_\_\_

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Semester: \_\_\_\_\_

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Semester: \_\_\_\_\_

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Semester: \_\_\_\_\_

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