

APPLICATION TO GRADUATE CO-OPERATIVE EDUCATION

STUDENT INFORMATION

Last or Family Name		First Name	Middle Initial	UofR Student Number
Address				Postal Code
E-mail			Phone Number	
Program	Major		Route	

I meet the criteria for co-operative education as specified by my academic unit (please check the requirements posted on your unit's website).

REQUEST

If accepted, I plan to start my first work term in the

	Fall (Sept. – Dec.)	
	Winter (Jan. Apr.)	
	Spring/Summer (May – Aug.)	

Are you an international student?

*Are you of Aboriginal Ancestry?

(*Provision of this information is optional and voluntary)

DECLARATION

By submitting this application, I am indicating that I am committed to pursuing a Co-op designation for my degree. I also realize that I am in no way guaranteed employment.

Student Signature: _____

Date: _____

APPROVAL

Supervisor (if applicable)				
Approved:	Denied:	Printed Name	Signature	Date:
Department Head or Graduate Coordinator or Co-op Coordinator (or designee)				
Approved:	Denied:	Printed Name	Signature	Date:
Faculty of Graduate Studies and Research				
Approved:	Denied:	Printed Name	Signature	Date:

When this form is completed, it should be submitted to the Career Centre. The Career Centre will assist the student in finding employment. Once employment is found, the student must complete the "Approval of a Graduate Co-op Work Term" form.