

**GRADUATE STUDENTS
ADMISSION APPLICATION FOR CO-OPERATIVE EDUCATION WORK TERM**

STUDENT INFORMATION

Last or Family Name	First Name	Middle Initial	Uof R Student Number								
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Current Mailing Address:		Email Address:									
City or Town	Province	Postal Code									
Home Phone:		Cell Phone:									
Program:	Major:	Route:									

REQUEST

Length: 4 month 8 month 4 month extension

Expected graduation date with Co-op Program: _____

If accepted to the program, I am prepared to begin my first work term in the:

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

Are you an **International Student**? Yes No
 *Are you of **Aboriginal Ancestry**? Yes No **Provision of this information is optional and voluntary*

I understand that if I am accepted into the Co-op Program, I am committed to completing the required number of work terms within this program, although I am in no way guaranteed employment during these terms.

I understand that if I withdraw from the Co-op Program before completing the required number of work terms, I may be assessed a withdrawal fee.

Student Signature: _____ Date: _____

APPROVAL

Supervisor (if applicable)

Signature: _____ Printed Name: _____ Date: _____

Department Head/Program Chair, Graduate Coordinator, Co-op Coordinator (or designate)

Signature: _____ Printed Name: _____ Date: _____

Work term placement confirmation should be copied to the Faculty of Graduate Studies and Research for addition to the student file.