

Co-operative Education Academic & Work Sequence Agreement

ID NUMBER	SURNAME	GIVEN NAME	DEGREE/PROGRAM (ie BENG.BIOE:C)

@uoguelph.ca

 EMAIL ADDRESS

REASON FOR REVISED SEQUENCE (select one item below and attach an explanation if sequence differs from the published schedule):

- | | |
|--|--|
| <input type="checkbox"/> Applying to Co-op (no explanation required)
<input type="checkbox"/> Academic Scheduling (program change, transfer credits etc.)
<input type="checkbox"/> Medical/Psychological/Compassionate Reasons | <input type="checkbox"/> SAS Accommodation Required (must disclose)
<input type="checkbox"/> Employer requests to extend a co-op work term
<input type="checkbox"/> Unable to secure co-op work term (no explanation required) |
|--|--|

PROPOSED SEQUENCE: Follow the *Undergraduate Calendar* when possible – write courses you plan to take each academic semester including COOP*1100 and list completed courses/transfer credits in the box below. CIRCLE *Study, Work, or Off* for each semester and **complete the full sequence** (from your first year onwards).

	TRANSFER CREDITS RECEIVED (LIST COURSES):			CREDIT RECEIVED FROM:
				<input type="radio"/> ANOTHER INSTITUTION <input type="radio"/> UofG OPEN LEARNING
Academic Year (ex. 2018/2019)	FALL	WINTER	SUMMER	
	Study / Work / Off	Study / Work / Off	Study / Work / Off	
	Study / Work / Off	Study / Work / Off	Study / Work / Off	
	Study / Work / Off	Study / Work / Off	Study / Work / Off	
	Study / Work / Off	Study / Work / Off	Study / Work / Off	
	Study / Work / Off	Study / Work / Off	Study / Work / Off	
(If approved)	Study / Work / Off	Study / Work / Off	Study / Work / Off	

This outline follows the Undergraduate Calendar. YES NO *Program Counsellor MUST approve if you've selected NO.*

ONLY book appointments with academic departments if you **are NOT** following the published schedule in the Undergraduate Calendar.

I agree to the above proposed Co-op sequence. I understand that my schedule of studies can only be altered with the approval of both my Program Counsellor and Co-operative Education.

Student's Signature: _____ Date: _____

Program Counsellor Signature: _____ Date: _____

FOR CO-OP OFFICE USE ONLY (Last Revised 2-Nov-2020)	[] Approved	[] Denied
[] Student emailed with receipt confirmation	SIGNED:	DATE: