

Co-operative Education Withdrawal Request

ID NUMBER	SURNAME	GIVEN NAME & MIDDLE INITIAL	SEMESTER/YEAR (ie F19)

 @uoguelph.ca
EMAIL ADDRESS

Current Schedule of Studies:

		:C
DEGREE PROGRAM <small>(e.g. B.A., B.Sc., etc.)</small>	SPECIALIZATION <small>(e.g. ECON, BIOC, MECH, MKMN, etc.)</small>	

Revised Schedule of Studies:

DEGREE PROGRAM <small>(e.g. B.A., B.Sc., etc.)</small>	SPECIALIZATION <small>(e.g. ECON, BIOC, MECH, MKMN, etc.)</small>

Note: If you are withdrawing from Co-op and are changing majors, this form must be accompanied by an **Undergraduate Schedule of Studies Change Request form**.

<p>REASONS FOR WITHDRAWAL FROM CO-OP (please check):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Unable to secure employment <input type="checkbox"/> Revised co-op sequence not possible <input type="checkbox"/> Academic reasons * <input type="checkbox"/> No longer interested in co-op * <input type="checkbox"/> Transferred to a non-co-op major <input type="checkbox"/> Required to Withdraw (<i>office use only</i>) 	<p>EXPLANATION: (<i>required for reasons marked *</i>)</p> <div style="border: 1px solid black; height: 100px;"></div>
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------

I agree to the modifications as stated above. I understand that if this form is submitted by the 15th class day, my co-op fees for the current semester may be refunded. Fees from previous semesters will not be refunded. **I also understand that if I have accepted two work terms, there will be no fee reimbursement and I will be responsible for paying the remaining co-op fees as per the schedule at the time of withdrawal.**

Student's Signature: _____ Date: _____

Co-op Co-ordinator Signature: _____ Date: _____

FOR CO-OP OFFICE USE ONLY (check all applicable options):

STATUS: Admit Semester: _____ Currently on a work term? [] Yes [] No # work terms accepted: _____

ACTIVITY: # of Jobs Viewed: _____ # of Applications: _____ Co-ordinator Engagement: _____
(Low/Med/High)

FORMS: [] Undergraduate Schedule of Studies Change Request [] Sent to ORS for Processing

FEES: [] Refunded for Current Semester [] Not Refunded for Current Semester [] Bill remaining co-op fees

Signed: _____ Date Effective: _____