

SUBMIT COMPLETED FORMS BY  
E-MAIL TO CO-OPERATIVE  
EDUCATION AT:  
[coopadmin@uoguelph.ca](mailto:coopadmin@uoguelph.ca)



EFFECTIVE TERM:  
(OFFICE USE ONLY) \_\_\_\_\_

### Co-operative Education Withdrawal Request

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

EMAIL ADDRESS	CURRENT SCHEDULE OF STUDIES (e.g., BAH.PSYC) :C

**IMPORTANT NOTE:** You will be transferred into the regular stream of your **current major**. If you would like to transfer from your current major to a different major, you will need to complete an [Undergraduate Schedule of Studies Change Request Form](#), **after** this withdrawal is complete. The entire withdrawal process will take **up to 15 business days** to complete. You will receive a follow-up email from the Co-op Process Administration team within the first 5 days confirming your request has been received and processed. The Registrarial Services team will then finalize the withdrawal in WebAdvisor within another 5-10 business days. You will then see the ‘C’ (which indicates co-op) removed from your program code. If you have any course registration questions or concerns during this processing time, please contact your [Program Counsellor](#).

REASONS FOR WITHDRAWAL FROM CO-OP (please check):	EXPLANATION: (required for reasons marked *)
<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 (office use only)	

I agree to the modifications as stated above. I understand that if I have submitted the form by the 15<sup>th</sup> class day and I have not accepted two work terms, 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: \_\_\_\_\_

<b>FOR CO-OP OFFICE USE ONLY</b> (check all applicable options):	
STATUS: Admit Semester: _____	Currently on a work term? [ ] Yes [ ] No # work terms accepted: _____
ACTIVITY: # of Jobs Viewed: _____	# of Applications: _____
FEES: [ ] Refunded for Current Semester	[ ] Not Refunded for Current Semester [ ] Bill remaining co-op fees
CO-OP COORDINATOR’S SIGNATURE: _____	DATE: _____
Processed by: _____	Date Effective: _____