

CO-OPERATIVE EDUCATION - APPLICATION AND REGISTRATION FORM

Name: _____ Student #: _____

Street: _____ City: _____ Province: _____

Postal Code: _____ Lakehead Email Address: _____

Home Phone #: _____ Cell Phone #: _____

How did you hear about the co-op program? _____

PROGRAM: (Please indicate major, year of study, and type of degree)

Business

- Major not declared
- Accounting
- Finance
- Human Resources
- Information Systems
- Marketing

Economics

Computer Science

- Science Option
- Business Option
- Hardware Option
- Graduate Studies

Kinesiology

Physics

Environmental Management

Forestry

Environmental Sustainability (Orillia)

Engineering

- Chemical
- Civil
- Electrical
- Mechanical
- Software

Bachelor Honours Masters Year 1 Year 2 Year 3 Year 4

When do you plan on starting co-op? May (Spring/Summer) September (Fall) January (Winter)

How many work terms are you applying to this year? 1 (4 months) 2 (8 months) 3 (12 months) 4 (16 months)

I wish to be considered for the Co-operative Education option of the above degree program. If accepted, I agree to attend the Co-operative Education Employment Preparation Sessions, attend all other required meetings, complete all the required documentation and meet all the required deadlines. Furthermore, I understand that:

- 1) The Student Success Centre will make every reasonable effort to assist with suitable program-related work term employment opportunities; however, being approved for work term participation is not a guarantee of co-op employment. Students are required to be active participants in the co-op job search process.
- 2) I am responsible for paying the Co-op Participation Fee(s) by the due date, as outlined in the Course Calendar
- 3) Students enrolled in Business or Kinesiology co-op programs are required to complete additional application requirements.
- 4) A work term report and work term evaluation must be submitted to the Student Success Centre within three weeks of the completion of each work term.

Student Signature: _____ **Date:** _____

REGISTRATION DETAILS (Completed by the Co-op & Employer Relations Officer)

Work terms requested: _____

Co-op & Employer Relations Officer		Date:
Graduate Coordinator Signature (Masters Students Only)		Date:
Co-op Faculty Advisor Signature		Date: