

CO-OP OPT IN REQUEST

Student Information			
Student First and Last Name:			
McMaster Email:		Program:	
Student Number:		Level:	
ARE YOU AN INTERNATIONAL STUD	ENT? YES	NO	
When are you planning to begin workin *Please note: students who have not comple		e to work during the spring/s	summer term.
Winter term (January start)	Year:		
Spring/Summer term (May start)	Year:		
Fall term (September start)	Year:		
Please complete this form and return it enroll yourself in the mandatory co-op p prep course is offered in fall and winter	rep course, ENGINEER/IE	promptly. Once in the co BEHS 1EE0, for the next a	o-op program, please available offering (the
I confirm that I am in good acad enrolled in more than one academic (3-with supervisor approval. I understand I at one time and a total maximum of 24 op experience within my degree. I agre undertake. This includes: (a) 1 student of final completion of a co-op work term and documents.	-4 Unit) course while on a am able to register a max months (for 4-year progra- ee to complete all requirent evaluation per 4-month wo	co-op work term, without imum of 16 months of co ms) or 28 months (for 5-y nents in the co-op for eve rk term, (b) the payment of	t submitting a petition ntinuous employment year programs) of co- ery co-op work term I of the co-op fees. The
All co-op work terms must be approved	by the Co-op office prior t	o the start of employmen	t.
Signature:	Date:		