



Centre for Career Growth and Experience Special Request Form

Co-op Re-sequencing Request Form

This form can be used by Faculty of Engineering students to formally request a modification to their prescribed co-op sequence plan for their academic program. This form should be completed in consultation with a staff member from the Centre. Please submit the completed form to your Career Educator with subject line: "Special Request Form – Co-op Re-sequencing". **Level I students are not eligible to be re-sequenced. Level II students are not permitted to be re-sequenced during their fall or winter academic terms in their second year of study.**

Student to complete the following section.

Student Name: Student Number:

Degree Program: Level:

McMaster Email Address: Telephone:

Number of 4-month work terms complete: Cumulative GPA:

Student Enrollment Type (current term): Student Status:

Staff Name: Title:

Staff Email: Date:

Student to complete the following section.

Please select which terms and year you are requesting modification to your co-op sequence.

<input type="checkbox"/> Fall (September to December)	Year: <input type="text"/>	<input type="checkbox"/> Fall (September to December)	Year: <input type="text"/>
<input type="checkbox"/> Winter (January to April)	Year: <input type="text"/>	<input type="checkbox"/> Winter (January to April)	Year: <input type="text"/>
<input type="checkbox"/> Spring (May to August)	Year: <input type="text"/>	<input type="checkbox"/> Spring (May to August)	Year: <input type="text"/>

Please provide any relevant information about the circumstances that would support this request.



1. I acknowledge that I must be registered as a full-time student before I begin working and that I will return as a full-time student after completing the co-op (min. 9 units/academic term for undergraduate students).
2. I acknowledge that altering my original co-op sequence may lengthen the completion time of my degree, and participating in co-op work experience earlier in my degree program may impact my eligibility to participate in additional co-op work terms in the future.
3. I understand that an off-sequence co-op may impact/limit course options available to me in my program when I return from my co-op experience, which may affect my ability to maintain full-time status and/or may delay graduation.
4. I understand that it is my responsibility to ensure that I can register for courses I need to maintain full-time status following my co-op experience.
5. I acknowledge that I have been encouraged to speak with my Academic Advisor regarding the impacts that can arise due to altering my academic sequence (See 3 and 4 above).
6. I understand that I should consult with [Aid & Awards regarding potential impacts of resequencing on my OSAP funding](#).
7. If I am an international student, I understand that I need to consult with the [International Student Services](#) department about the implications of altering my academic sequence as it relates to my study permit and co-op work permit.

☐ I have reviewed the following conditions of my registered co-op experience, and by selecting this check box and signing below, I acknowledge my understanding and acceptance of these terms.

Student Signature:

Date:

For the Centre office use only:

Student information confirmed: ☐

Final Resolution:

Career Educator Signature:

Date:

Final resolution rationale:

The information gathered on this form is collected under the authority of the McMaster University Act, 1976. The information is used for the academic, administrative, financial, and statistical purposes of the University, including, but not limited to, admissions; registration and maintaining records; awards and scholarships; convocation; provision of student services, including access to information systems; alumni; and disclosure to or on behalf of the applicable McMaster student government. This information is protected and being collected under section 39 (2) and section 42 of the Freedom of Information and Protection of Privacy Act of Ontario.