



FACULTY OF GRADUATE STUDIES
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REQUEST TO CHANGE CO-OP STATUS

THIS FORM MUST BE COMPLETED IN ORDER TO CHANGE THE CO-OP OPTION (OPT IN OR OPT OUT).

THE DEADLINE DATES TO SUBMIT THIS FORM ARE: APRIL 15 (SP Term), AUGUST 15 (FA Term), DEC 15 (WI Term)

Student I.D. Number: _____ FT PT

Graduate Program: _____

Surname/Family Name: _____ First Name: _____

Brock Email Address: _____

Change Co-op Option: Opt In Opt Out

Effective Term: SP FA WI Effective year: _____

Student Signature _____ Date _____

Supervisor Signature (if applicable) _____ Date _____

Graduate Program Director Signature _____ Date _____

Co-op Office Signature _____ Date _____

Brock University protects your privacy and your personal information. The personal information requested on this form is collected under the authority of The Brock University Act, 1964, and in accordance with the Freedom of Information and Protection of Privacy Act (FIPPA) for the administration of the University and its programs and services. Questions about this collection should be addressed to the Director, Graduate Studies, Brock University, St. Catharines, Ontario, L2S 3A1, 905-688-5550.

FOR OFFICE USE ONLY:

GRSEG Student Graduate Program File
 Funding