



## 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