Enriched Engineering Experience via Extended Work Term Program Opt-In Request Form

To: Departmental Office

CC: Engineering Co-operative Education Office

Student Name: _____

Current Semester (AT or WT#):_____

Student Major: _____

I am opting into the Modified Engineering Extended Work Term program. I intend to remain working, and return to Academic Term 8 during the Winter 20 _____ semester. I will then complete Academic Term 7 in the subsequent Spring semester.

- I have attached documentation from my employer that details the offer of extended work.
- I have sought guidance and permission from my departmental office and the Engineering Cooperative Education Office
- I understand there may be course prerequisites that will prevent me from taking some Term 8 courses.
- I understand that while working for a co-op employer I must be registered for each Co-op Work Term (typically 4 months) and that for each approved work term I will be required to complete all required components of the work term and submit all required deliverables at the appropriate time.
- I understand that not following University Calendar Regulations, and those contained in the Engineering Co-op Student Handbook may result in significant Academic Penalties
- I will be completing work terms as indicated in the grid below:

Fall	Winter	Spring
Academic Term 6	WT #	WT #
	Employer	Employer
WT #	Academic Term 8	Academic Term 7
Employer		

Note: Students completing a 12 month work experience beginning with Work Term 5 during the Winter Semester will be required to complete Work Term 6 as an 8 month work term beginning in the Spring Semester, and will submit one Work Report/Presentation at the end of that 8 month period.

This form must be submitted to the Departmental Office and ECEO normally by the last day to drop courses without academic penalty of the Winter Semester.

Student Signature	Date:
Department Head	Date:
ECEO Director	Date: