Coop Withdrawal Request Form

Please return your completed form to Instructional Centre Co-op Reception Area (IC150) and make an appointment to meet with the Arts & Science Co-op Director.

Name: _______________________________  Student Number: ____________
Co-op Program: ____________________________  # of Work Terms Completed: ____________
Year entered into Co-op: ____________________________

Indicate your reason for withdrawal below:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
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Provide feedback on the Co-op experience:
______________________________________________________________________________
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For International Students only: INITIAL HERE - This is to acknowledge your understanding that you are required, by the Canadian Government, to return your Co-op work permit to Citizenship and Immigration Canada. For assistance with returning your Co-op work permit, contact the International Student Centre at 416-287-7518 or isc@utsc.utoronto.ca.

______________________________________________________________________________
______________________________________________________________________________
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Student’s Signature  Program Supervisor of Studies’ Signature  Director of Arts & Science Co-op Signature

Date  Date  Date