

SEECs Co-op Permission Request

This section to be completed by the student

Student:	Application date:
Advisor:	Program of study approval date:
Research topic:	
Name of the place for the co-op:	
Period for the op-op (start and end dates):	
Why do your research benefit from this co-op?	

This section to be completed by the student advisor

Advisor's comments:

This section to be completed by the graduate program director

Graduate program director's comments:	
Co-op is approved with tuition waiver (Y/N):	
Co-op is approved without tuition waiver (Y/N):	
Co-op is rejected as a part of the student program (Y/N):	

Student's signature:	Date:
Advisor's signature:	Date:
Graduate program director's signature:	Date:

Necessary attachments to be submitted with this form:

1. Letter of offer for the co-op
2. Program of study