

STUDENT INFORMATION (PLEASE PRINT)

Name: _____ Student ID #: _____
First Middle Last

Year of Study: _____ Faculty: _____

Current Address: _____ City: _____

Province: _____ Postal Code: _____ Permanent Phone: _____ Cell Phone: _____

NOTE: all correspondence from the Co-op office will be sent to your UPEI email

E-mail: _____ Emergency Phone: _____

Languages Spoken/Written: _____ Emergency Contact: _____

The following MUST accompany your application:

1. Current **resume and cover letter**
2. **Student Record or Degree Audit** (printed from the UPEI website, Campus login)
3. One page **handwritten statement of interest** (Explain why you would like to participate, how the program may benefit you personally/professionally. Outline your goals and expectations, and what your contribution toward the program might be.)

International Students Please Note: If accepted into the program, you will be required to obtain a Canadian Work Permit and a Social Insurance Number to verify your eligibility to work in Canada.

AGREEMENT and DECLARATION

I hereby declare that I will:

- Abide by the Co-op and **UPEI regulations** as printed in the **UPEI calendar** i.e. registration deadlines and payments
- Retain my full time **student status** throughout the Co-operative Education Program
- Pay all required Co-op **fees** – program registration fee and co-op course fee(s) by the required UPEI dates
- **Register** for each Co-op course at least one semester prior to the anticipated work term and remit course fee
- Attend the required **Professional Development** Modules scheduled by the Co-op Office
- Be actively involved in identifying employers who could offer appropriate employment for work terms
- Secure and satisfy the work term component of each Co-op course. The **Co-op Program does not guarantee employment.**
- Once hired I will not apply for other job postings and **Honor my responsibilities** as a Co-op student with the employer.
- **Submit** a work term journal
- Complete **all required** courses to obtain the Co-op designation for my degree
- Authorize the Co-op office to **disclose academic transcripts** and other appropriate documents related to work terms
- I will **pay the Co-op Program Registration fee before the registration deadline and notify the Co-op office once I have made the payment.**

I fully understand the conditions outlined above and agree to abide by them

Student Signature

Date of Application

PLEASE SUBMIT THIS FORM and ALL REQUIRED DOCUMENTS to:

Co-operative Education Office, Room 230, McDougall Hall

The Co-op Office will contact you with the decision of the Co-op Admissions Review Committee.

Tel: 628-4395 Fax: 628-4398 co-op@upei.ca www.upei.ca/co-op

Office use only: Date application received: _____
 Accepted Rejected Paid Group #: _____
 Confirmed Designation Posted to DB e-mail/Moodle

Registrar's use only: Received in the RO on _____
 Above action taken by _____ (initials) on _____ (date);
 copy placed in student's file