APPLICATION FOR CO-OP WORK TERM CHALLENGE

SURNAME (PLEASE PRINT)          GIVEN NAME(S)  Preferred EMAIL ADDRESS  UVIC I.D. NUMBER

FACULTY:  □ Business      □ Education      □ Engineering      □ Fine Arts
          □ Human & Social Development □ Humanities      □ Science      □ Social Sciences

CO-OP PROGRAM (specify): ____________________________________________  YEAR: _____

DECLARATION: I have read the regulations that appear on the reverse side of this form and agree to the conditions therein:

_______________________________________________________________   _________________________
SIGNATURE OF APPLICANT    DATE

NOTE: Fee will be assessed by Accounting Services. Sign in to UVic at www.uvic.ca and click “My Page” to check your student account details.

To be filled out by co-op office:

THE WORK TERM I WISH TO CHALLENGE IS (e.g., PHYS001) ____________________________________________

☐ MAY – AUG      ☐ SEP – DEC      ☐ JAN – APR  20____

CERTIFICATION OF ELIGIBILITY BY RECORDS OFFICER:

___________________________________________________________  _______________
SIGNATURE OF RECORDS OFFICER   DATE

FACULTY/DEPARTMENT APPROVAL:

The Faculty/Department/School of _____________________________ approves this request to challenge the work term noted above and agrees to make arrangements to carry out the evaluation.

The work term challenge is to be completed by ______________________________

________________________________________________   ____________
SIGNATURE OF CO-OP COORDINATOR  DATE

_________________________________________________   ____________
SIGNATURE OF CHAIR/DIRECTOR/DEAN  DATE

For office use only:

☐ Section created in SSASECT___________
☐ Registered in SFAREGS ______________
☐ CHALL added ______________________
☐ Grading material issued ______________
☐ Grade received _____________________

COMMENTS:__________________________________________________________________________________________
__________________________________________________________________________________________