

**SCHOOL OF HEALTH INFORMATION SCIENCE
STUDENT CHECKLIST FOR CO-OP ELIGIBILITY (HINF BSc)**

No student will be allowed to go on a HINF co-op work term until this form has been approved.

Student Name: _____

(Please print)

Student No. _____ **Student Email Address:** _____

As proof of my eligibility to take part in the co-op work term process, I have completed all the courses below with the indicated grades. Any courses currently in progress are marked as "IP".

See the model program. To be eligible for co-op a student must:

1. Be a student in good standing (not on probation)
2. Have successfully completed all courses listed in the 1st year
3. Have successfully completed all courses listed in the fall term of the 2nd year
4. Be registered in all courses listed in the spring term of the 2nd year
5. Have no deferred exams outstanding.

Course	Grade	Course	Grade
CSC 110	_____	CSC 115	_____
ENGL135	_____	ENGL XXX	_____
HINF 130	_____	HINF 140	_____
PE 141or BIOC 102 or		MATH 151	_____
BIOL 150A or B		Elective	_____
or BIOL 190A			
Elective	_____		
HINF 200	_____	HINF 201	_____
HINF 230	_____	HINF 265	_____
STAT 252	_____	HINF 280	_____
Elective	_____	Elective	_____
Elective	_____	Elective	_____

Student Signature: _____ Date: _____

ANY DEVIATION FROM THE ABOVE COURSE SCHEDULE REQUIRES THE APPROVAL OF THE UNDERGRADUATE ADVISOR AND THE DIRECTOR OF THE SCHOOL OF HEALTH INFORMATION SCIENCE. Please attachment a statement to support your request.

Approved for co-op placement: _____ Date: _____
Undergraduate Advisor

Approved for co-op placement: _____ Date: _____
Director

Approved for co-op placement: _____ Date: _____
Co-op Coordinator

A copy of this signed and approved form is to be placed in the student's file in the HINF Co-op Coordinator's office.