

Request for special permission without co-op

	PERSONAL ID	ENTIFICATIO	N	
Student ID number	Date of Birth (mm-d	d-yyyy)	Email	
Last name (Family name) (Previous last name	e)	First name (Given	n name)	Middle name
Address		Home phone number		
City Province	Postal code	Cell phone numb	er	
PROGRAM INFORMATION				Program length
PROGRAM (MAJOR)	CAMPUS			Year 1 Year 2 Year 3 Year 4
NA/I	•.1			/
Why are you requesting to graduate without completing the required co-op work term(s)?				
I understand that my program has a co-op we without co-op due to special circumstances.				
FREEDOM OF INFORMATION AND PROTECTION OF of Privacy Act (FIPPA), 1990, and endeavors to treat your form is collected under the legal authority of the Ontaric 41(1) of FIPPA. The information provided will not be usediploma. For further information about the information requested Registrar@GeorgianCollege.ca or 705.722.1511; for AccessPrivacy@GeorgianCollege.ca or 705.728.1968 ex	r personal information Colleges of Applied for any purposes on this form or the page of the information of the page of the information of the page of	on in accordance ed Arts and Techr other than the ac ourpose for which	e with this law. T nology Act, 2002 dministration and n it will be used,	he personal information requested on this and in accordance with Sections 38(2) and d evaluation of requests for a replacement please contact the Office of the Registrar at
Student Name:	S	ignature		Date
				(mmddyyyy)
Program Coordinator Name:	S	ignature		Date (mmddyyyy)
Dean/Associate Dean Name:	S	ignature		
		J		(mmddyyyy)
Co-op Consultant Name:	S	ignature		Date

(mmddyyyy)