

Request for Co-op Consideration Appeals Form

ID NUMBER	SURNAME	GIVEN NAME(S)	SEMESTER/YEAR

PHONE NUMBER	EMAIL ADDRESS @uoguelph.ca

DEGREE PROGRAM (e.g. BAH., BSCH., etc.)	SPECIALIZATION (e.g. ECON, BIOC, MEF, etc.)

OUTCOME REQUESTED: (Check all that apply)

<input type="checkbox"/> RE-INSTATEMENT TO CO-OPERATIVE EDUCATION	<input type="checkbox"/> REFUND/CREDIT OF REMAINING CO-OP FEES
<input type="checkbox"/> REMOVAL OF CO-OP WORK TERM FROM TRANSCRIPT	<input type="checkbox"/> OTHER: _____
<input type="checkbox"/> GRADUATE WITH LESS THAN REQ'D # OF CO-OP WORK TERMS	_____

<p>GROUNDINGS FOR CONSIDERATION: (see page 2 for glossary)</p> <p><input type="checkbox"/> MEDICAL</p> <p><input type="checkbox"/> PSYCHOLOGICAL</p> <p><input type="checkbox"/> COMPASSIONATE (see page 2 for definition)</p>	<p>LIST OF DOCUMENTS SUBMITTED IN SUPPORT OF APPEAL:</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p>
<p>Attach additional detailed information and supporting documentation (medical, psychological, or compassionate) if applicable in PDF format. Any correspondence provided will be kept in strict confidence within the Co-op Appeals Committee.</p> <p>DO NOT HAND WRITE YOUR APPEAL. COMPLETE THE FILLABLE PDF VERSION ONLY.</p>	

FOR OFFICE USE ONLY – REASON FOR RTW:		
[] Student resigned from co-op work term	[] Student was dismissed from co-op work term	
[] Student received Unsatisfactory/2 Marginal WPE grade(s)	[] Student did not complete/pass COOP*1100	
APPEAL REQUEST: [] Granted [] Granted with Conditions [] Denied		

APPROVAL BY:	DATE:
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Request for Co-op Consideration Appeals Form

ID NUMBER

SURNAME

GIVEN NAME & MIDDLE INITIAL

SEMESTER/YEAR

NATURE OF APPEAL:

Please use the space below to give a **brief** outline of your appeal. Attach any additional detailed information and supporting documentation (medical, psychological, or compassionate grounds – see below) if applicable in PDF format. Any correspondence provided will be kept in strict confidence within the Co-op Appeals Committee.

DO NOT HAND WRITE YOUR APPEAL. COMPLETE THE FILLABLE PDF VERSION ONLY.

Student's Signature: _____

Date: _____

GROUND FOR CONSIDERATION:

MEDICAL / PSYCHOLOGICAL - For co-op consideration based on medical or psychological grounds a student may be asked to provide documentation for the period of the illness. The necessity for documentation will depend in part upon the length of the illness and the amount of school or work missed during this time. Documentation will always be required in the event of a request for consideration beyond the deadline for the end of a work term or grade submission deadline for the course (work performance evaluation).

COMPASSIONATE - Unforeseen circumstances beyond the student's control in either his/her personal or family life may affect performance in co-op activities. Generally, academic commitments will not constitute grounds for co-op consideration.

CO-OP APPEAL PROCESS:

DEADLINE TO APPEAL - A student who is required to withdraw from Co-operative Education has the option to appeal. In the case where a student wishes to apply for re-admission to the program, the **student must appeal** the "Required to Withdraw from Co-op" decision **no later than the 15th class day after notification.**