

CO-OP EDUCATION & WORKPLACE PARTNERSHIPS

WORK TERM COURSE REQUEST FORM

**This form must be e-mailed to** [**coop@uwindsor.ca**](mailto:coop@uwindsor.ca) **along with a copy of the course syllabus by the first day of classes.**

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| **Student Name: Student ID:** |
| **Co-op Program:** |
| **Work Term: (Ex. Fall 2022) Regular Working Hours:** |
| **Company Name:**  **Supervisor Name:** |
| **Supervisor E-mail: Supervisor Phone:** |
| **Course Name: Course Code:** |
| **Instructor’s Name:** |
| **Day/Time of Class Sessions: Day/Time of Lab Sessions:** |
| **Reminder – E-mail this completed form and the course syllabus to coop@uwindsor.ca.** |
| **Request Approved: YES or NO WIL Coordinator Signature:** |
| Submission and approval of this form is required to remain registered in the course. Academic and financial course withdrawal penalties apply if not approved. |

Complete OPTION A or OPTION B (see reverse)

**Option A: Request to take a course scheduled outside of working hours**

**STUDENT SECTION**

Co-op regulations allow undergraduate students to enrol in a maximum of one course while on work term provided class and lab times are not during working hours or the class is fully on-line or asynchronous.

**I confirm that this course does not require me to attend classes or labs either in-person or remotely during my regularly scheduled working hours and that I have not requested to change my working hours to attend this class, including labs.**

**Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Note:** Employer signature is not required for Option A.

**Option B: Request to take a course that requires attendance during working hours**

As an exception, students can request to take a course that requires in-person or virtual class or lab attendance during their working hours for one of the following two reasons (select which one applies):

* My employer has a flexible work policy in place that permits me to alter my working hours to attend class/labs, OR
* Due to course availability and/or pre-requisite requirements, taking this course during my work term will avoid an extended delay in completing my program.

**STUDENT SECTION:**

As an exception, if you wish to enroll in a course that requires virtual or in-person class or lab attendance during your working hours, you must agree to the following:

* I have discussed this course with my employer, and they have agreed to the statements in the Employer Section below.
* I am not requesting to alter a previously approved work/study sequence change request.
* Taking this course will not affect my work performance.
* My employer and I will agree on a plan to make up the lost time to satisfy the requirement to work full-time hours while on a work term.
* I will not request any changes to class times or exam times to accommodate my work schedule.
* I will attend classes and labs.
* I will register as a full-time student in all future study terms, including the study term after my last work term, and I will not need to add additional courses to do so.

**I have read and understood these conditions and will comply with them. I understand that failure to do so may result in my mandatory withdrawal from the co-op program.**

**Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EMPLOYER SECTION:**

Employers are under no obligation to permit students to take a course during the workday and Co-operative Education and Workplace Partnerships strongly discourages students from making such requests to employers. We understand that some organizations have flexible work policies and/or will try to accommodate to help students who may be in exceptional circumstances where their graduation date is at risk. Therefore, we will permit students to undertake one course during their working hours if the employer can agree to these conditions:

* + I understand co-op/internship students are expected to work full-time and must make up any lost hours due to classes that impact working hours.
  + If the student’s performance is at risk due to time away from the office for class/labs, I will reach out to the co-op office and the student to try to work out a solution to rectify the situation.
  + I understand that the student will be required to make up the lost time to satisfy the requirement to work full-time hours.
  + The student should not request any additional time off for group work, class assignments etc. but may need time off for a mid-term or final exam. This should be discussed and agreed upon before signing.
  + I have discussed the hours students are expected to be at the workplace with their full attention on their tasks and we have clear guidelines as to when the student can leave and return to work, including what hours they will use to make up the lost time.

**Organization has a flexible work policy  YES  NO Supervisor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Supervisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**