

## **CO-OP COURSE OVERLOAD FORM**

Submit completed form to the Career Development Centre (Surrey Main Room C136) or by email to <a href="mailto:co-op@kpu.ca">co-op@kpu.ca</a>. Approval expires **five** business days after the latest Advisor, Instructor, Dean or Employer signature. We may contact you via your KPU email address while processing this request.

Student Information							
Student ID Name							
Phone Number		Course #1 (e.g. ENGL 1100)	Course #2		Course #3		Term & Year
Reason (please ex	xplain your req	uest and provide the number of hou	urs per week you w	ill work)	Student Signature		
					Date		
l							
Permission Type (initial in the appropriate box) NOTE: This form cannot be used for Pathway students.							
Academic Advisor	Recommends student to take courses noted above along with a Co-op work term course.						
	Does not recommend student to take courses noted above along with a Co-op work term course.						
	Rationale (optional)						
Co-op Instructor	Recommends student to take courses noted above along with a Co-op work term course.  Does not recommend student to take courses noted above along with a Co-op work term course.  Rationale (optional)						
Co-op Employer (Authorize below)	discussed with this student, he/she will be able to manage the workload and it will not affect their work. Co-op E and agreed to any schedule changes or accommodations which may be necessary for the student to attend their						
,	Employer's comments (optional)						
Authorizations (obtain all signatures)							
Co-op Employer Name & Title (please print)			Signature			Date	
Dean/designate (please print)			Signature			Date	
Dean/designate rationale (optional)							
Registration Office use only							
Received by: Nam	ne & departm	nent (please print)	Date	Received		Date Prod	essed