**CENTRE FOR
Co-operative Education
& Career Services**

Co-op Course Overload Form

KPU

Student Name: _____ **Semester:** _____

(credit increase valid only for this semester)

Student Number: _____

Program: _____ **Employer:** _____

Student Checklist

Students wishing to enroll in additional courses during a work term must complete this form and return it to their Co-op Instructor for approval each work term. Please ensure each option has been checked off.

☐ Student has dropped any extra courses which were registered into prior to work term placement (if necessary), that exceed the ones being requested.

☐ To be discussed with Co-op Instructor and approved by Co-op Instructor.

☐ Employer has been contacted and supports student's enrolment in more than 17.5 credits.

Employer Agreement

I understand and agree to support _____ to take courses at KPU **plus** the work term course alongside his/her employment. As discussed with this student, he/she will be able to manage the workload and it will not affect their work. We have discussed and agreed to any schedule changes or accommodations which may be necessary for the student to attend their classes (noted below). Should there be any concerns, I will contact the KPU Co-op Instructor to discuss these concerns. (If the Co-op Instructor has spoken to the employer verbally, make a note of this here in place of their signature).

_____

_____

Name: _____ Signature: _____

Title: _____ Date: _____

Student Agreement

I understand that I am requesting to take _____ credits **plus** the work term course for a total of _____ credits during my Co-op work term. My reason for this request is:

_____

_____

I understand and agree to the commitment and workload involved in taking courses while working in a Co-op work term. This will not impact my daily work with my employer and I have discussed any schedule changes or accommodations which may be necessary for me to attend classes. I understand and agree that all of KPU's enrollment and drop policies, dates, fees and deadlines apply to these courses and are my responsibility.

Signature: _____ Date: _____

Co-op Instructor Approval

I have discussed the student's academic plan and reasons for taking these courses. I have reinforced the commitment to the employer and the responsibility of the student's during their work term. Additional comments are below.

_____

_____

Name: _____ Signature: _____

Title: _____ Date: _____

Director or Designate Approval

Signature: _____ Date: _____