

Engineering Career Centre

PEY Co-op Course Approval Request Form

While on PEY co-op, your priority is to fulfill your co-op responsibilities and successfully complete your work term. Students who are planning to take a course must comply with the following requirements:

- 1. Ensure courses are not core/mandatory courses for your program of study (POSt), are not scheduled during work hours, and will not negatively impact your work term commitment.
- 2. Submit your request along with the completed form to pey.coop@utoronto.ca for review and for a formal decision from the Engineering Career Centre (ECC).

Course Information		
Course Code:	(example: APS360H1)	
		Time:
# of In-Class (Lecture/Tutorial/La		
# of Full Course Equivalents (FCI	· E's)/Credits Remaining After Takir	ng this Course:
	s course will be held during regula	<u> </u>
Student Information		
Student's Full Name:		
		dent Number:
_		ress:
I am requesting approval to take the boxes I indicate my understanding of		y PEY Co-op work term. By checking the following
My priority is to meet the redisruption to my overall wo		role as set by my Manager/Supervisor without any
	igly recommended that I not take a concentrate on transitioning effectively	course in the first few months of starting my PEY Co- y into my new role.
☐ It is MANDATORY that I re	eturn to full-time studies for the acad	demic year following my PEY Co-op work term.
☐ I will have sufficient academic credits remaining to return to full-time studies for at least one full academic year (September-April) following my PEY Co-op work term.		
☐ I am not permitted to take	a core/required course for my acade	emic program (Engineering students only).
☐ I may be required to provice	le documentation from my Registrar	r or Academic Department verifying the above.
Student Signature:		Date:



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Manager/Supervisor Name:
Job Title: Company Name: Email Address: [Student's Full Name) should not be disrupted by taking a course during the PEY Co-op work term. I approve the request to take the above-mentioned course.
Job Title: Company Name: Email Address: [Student's Full Name) should not be disrupted by taking a course during the PEY Co-op work term. I approve the request to take the above-mentioned course.
I have reviewed this form and assess that the work performance of (Student's Full Name) should not be disrupted by taking a course during the PEY Co-op work term. I approve the request to take the above-mentioned course.
Full Name) should not be disrupted by taking a course during the PEY Co-op work term. I approve the request to take the above-mentioned course.
Full Name) should not be disrupted by taking a course during the PEY Co-op work term. I approve the request to take the above-mentioned course.
take the above-mentioned course.
Manager/Supervisor Signature: Date:
Manager/Supervisor Signature: Date:
ECC Approval
Staff Name: Job Title:
Telephone Number: Email Address:
I have reviewed the request submitted by (Student's Full Name) and
approve the request to take the above-mentioned course.
ECC Approval Signature: Date: