



CO-OP LETTER REQUEST AND CONFIRMATION FORM

I. STUDENT INFORMATION

NAME	LAST NAME	FIRST NAME	
STUDENT ID			
E-MAIL			
TELEPHONE NO.			
PROGRAM NAME		PROGRAM CODE	
PROGRAM LENGTH	START DATE (MM/DD/YYYY)	END DATE (MM/DD/YYYY)	
CURRENT SEMESTER			

Please check to choose one of the following:

I am applying co-op work permit online from the IRCC website.

(The letter will send to you by email within 3 business days after the request form has been received)

I am applying co-op work permit at the border.

(Please visit International Centre to pick up your letter in a sealed envelope after 3 business days after the request form has been received)

Once you checked the box, please bring this form to Co-op Office in your program for next step (II).

II. STUDENT'S CO-OP LENGTH (FOR CO-OP OFFICER USE ONLY)

1. Please specify the student's co-op duration (start date to end date).

START DATE (MM/DD/YYYY)	END DATE (MM/DD/YYYY)		
2. In which semester will the student be in co-op/field placement?		3. How many weeks/hours will student be in co-op/field placement?	<input type="text"/>

SIGNATURE

OFFICER SIGNATURE	NAME IN PRINT
EXTENSION	DATE

SUBMIT YOUR COMPLETED FORM TO:

Shelley McNab — International Integration Assistant
International Centre (St. James Campus), Main Floor, 200 King St. E., Toronto, ON M5A 3W8
Tel: 416-415-5000
Email: Shelley.Mcnab@georgebrown.ca