CONESTOGA
Connect Life and Learning

Co-op Program Transfer Application

Use this form to apply for transfer between a co-op and a non-co-op stream of your program. This form is not to be used to *register for individual courses or to apply for readmission or program admission.*

Student to complete this section

Student #: _____

Last Name:_____First Name: _____

Date of Birth (Y/M/D):_____Telephone Number: (_____) _____

(Please ensure your personal information is updated on your student portal if you have moved or changed your phone number/email address.)

Currently Enrolled in:

Program Name:_____Program Number: _____

Semester or Level:_____Campus:_____Start Date: _____

Co-op: _____   Non Co-op: _____

Request Transfer to:

Program Name:_____Program Number: _____

Semester or Level:_____Campus:_____Start Date: _____

Co-op: _____   Non Co-op: _____

I certify that the above information is true and complete. I understand that any false or incomplete information submitted in support of my application may invalidate my application. I have read the Freedom of Information and Protection of Individuals Privacy statement. I understand co-op fees will not be waived or refunded.

Signature of Student:_____Date: _____

Submit this completed Co-op Program Transfer Application form to the Program Coordinator.

To be completed by Program Coordinator

Approved:_____Denied: _____

Signature of Program Coordinator:_____Date: _____
(Program Coordinator communicates decision to the Student Records Officer.)

Freedom of Information: The personal information collected on this form is used for administrative purposes under the authority of the Ontario Colleges of Applied Arts and Technology Act, R.S.O. 2002, and regulations thereunder. Personal information will be protected in accordance with the Freedom of Information and Protection of Privacy Act (FIPPA).