



Student Information

Surname: _____ Given Name(s): _____
 ID #: _____ E-mail: _____

Current Program Information

Current Department: _____ Current Program: _____
 Current Term (e.g. 3B): _____ Next Coop Term: (e.g. Fall 2024): _____
 Cumulative Average: _____ Last month of Bachelor's (e.g. April 2025): _____
 Have you applied/plan to apply for an NSERC USRA for a future coop term? No Yes Coop term: _____
 Have you been awarded an NSERC USRA for the current/future coop term? No Yes Coop term: _____

Accelerated Master's Academic Plan

Admitting Department: _____
 Program/Specialization: _____
 Master's Supervisor(s): _____
 Start term of Master's: _____ Annual Financial Support: \$ _____

Course to be taken for transfer to the Master's program (max. two 0.5 weight)

Course Number	Course Title	Term

Co-op Research (briefly describe the research that will be conducted on research co-op term(s) and attach additional pages as required)

- _____
- _____

Signatures

Student: _____ Date (mm/dd/yy): _____
 Supervisor(s): _____ Date (mm/dd/yy): _____
 Associate Chair, Graduate Dept: _____ Date (mm/dd/yy): _____
 Associate Dean, Faculty: _____ Date (mm/dd/yy): _____