

Student Information

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

Current Program Information

Current Program: _____
Current Term (e.g. 3B): _____ Next Coop Term (e.g. Fall 2020): _____
Cum. Average: _____ Expected BAsC Completion Date: _____
Have you been awarded an NSERC USRA: Yes No Applied (note 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)

1. _____
2. _____

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): _____