

PERSONAL IDENTIFICATION			
Student ID number	Date of Birth (mm-dd-yyyy)	Email	
Last name (Family name) <small>(Previous last name)</small>	First name (Given name)	Middle name	
Address		Home phone number	
City	Province	Postal code	Cell phone number

PROGRAM INFORMATION	Program length		
<table style="width: 100%;"> <tr> <td style="width: 50%;">PROGRAM (MAJOR)</td> <td style="width: 50%;">CAMPUS</td> </tr> </table>	PROGRAM (MAJOR)	CAMPUS	<input type="checkbox"/> Year 1 <input type="checkbox"/> Year 2 <input type="checkbox"/> Year 3 <input type="checkbox"/> Year 4
PROGRAM (MAJOR)	CAMPUS		

Why are you requesting to graduate without completing the required co-op work term(s)?

I understand that my program has a co-op work term requirement and that I am asking to be permitted to graduate without co-op due to special circumstances. I have already applied to graduate from my program of study using the online application.

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT: Georgian College is compliant with the Freedom of Information and Protection of Privacy Act (FIPPA), 1990, and endeavors to treat your personal information in accordance with this law. The personal information requested on this form is collected under the legal authority of the Ontario Colleges of Applied Arts and Technology Act, 2002 and in accordance with Sections 38(2) and 41(1) of FIPPA. The information provided will not be used for any purposes other than the administration and evaluation of requests for a replacement diploma.

For further information about the information requested on this form or the purpose for which it will be used, please contact the Office of the Registrar at RORecords@GeorgianCollege.ca or 705.722.1511; for more information about FIPPA, please contact the Access and Privacy office at AccessPrivacy@GeorgianCollege.ca or 705.728.1968 ext., 5770.

Student Name: _____ Signature _____ Date _____
(mmddyyyy)

Program Coordinator Name: _____ Signature _____ Date _____
(mmddyyyy)

Dean/Associate Dean Name: _____ Signature _____ Date _____
(mmddyyyy)

Co-op Consultant Name: _____ Signature _____ Date _____
(mmddyyyy)

Submit from your Georgian College email to: RORecords@georgiancollege.ca