

Proposed Course Plan Form

PLEASE PRINT CLEARLY

Once your form is approved and signed by your co-op academic director or program assistant, please submit the completed form to communication.coop@concordia.ca.

Name of Student	I.D. Number	Program of Study

PLEASE INDICATE THE SESSION AND YEAR FOR EACH SEMESTER (i.e. FALL 2019, WINTER 2020, SUMMER 2020).

Session/ Year	Fall _____	Winter _____	Summer _____
Year 1	1. _____ 2. _____ 3. _____ 4. _____ 5. _____	1. _____ 2. _____ 3. _____ 4. _____ 5. _____	1. _____ 2. _____ 3. _____ 4. _____ 5. _____
	Fall _____	Winter _____	Summer _____
Year 2	1. _____ 2. _____ 3. _____ 4. _____ 5. _____	1. _____ 2. _____ 3. _____ 4. _____ 5. _____	1. _____ 2. _____ 3. _____ 4. _____ 5. _____
	Fall _____	Winter _____	Summer _____
Year 3	1. _____ 2. _____ 3. _____ 4. _____ 5. _____	1. _____ 2. _____ 3. _____ 4. _____ 5. _____	1. _____ 2. _____ 3. _____ 4. _____ 5. _____
	Fall _____	Winter _____	Summer _____
Year 4	1. _____ 2. _____ 3. _____ 4. _____ 5. _____	1. _____ 2. _____ 3. _____ 4. _____ 5. _____	1. _____ 2. _____ 3. _____ 4. _____ 5. _____
	Fall _____	Winter _____	Summer _____
Year 5	1. _____ 2. _____ 3. _____ 4. _____ 5. _____	1. _____ 2. _____ 3. _____ 4. _____ 5. _____	1. _____ 2. _____ 3. _____ 4. _____ 5. _____

Verified by: _____ Date: _____

Co-op Academic Director or Program Assistant Signature required