STUDENT PETITION // REQUEST FOR CO-OP PROGRAM EXCEPTION OR WAIVER

NAME: ____________________________ M#: ____________________________ DATE: ____________

EMAIL: ____________________________ PHONE: ____________________________

MAJOR: ____________________________ CLASS YEAR: ____________ CO-OP ADVISOR: ____________

Complete this form including sections 1 – 7 below ACCURATELY. Provide detailed information on the next page or attach the information. Sign, date and submit electronically to susan.frazer@uc.edu, and copy your co-op advisor.

1. CO-OP TERM REQUIRING ACTION
   _Fall _Spring _Summer Year ______

2. PLEASE INDICATE EITHER WAIVER or POLICY EXCEPTION:
   _WAIVER (request waiver for entire co-op term to be waived)
      ___Unemployment ___Military Training (do not co-op the other weeks of term)*please attach military orders
      ___Medical *please attach any documentation ___ACCEND
      ___Other: ____________________________

   _POLICY EXCEPTION (request an exception while you are working all or part of the term)
   Please provide detailed explanation on following page
      ___2nd EEP ___Military Training (participate in co-op the other weeks of term)*please attach military orders
      ___Time off work ___Change of Employer ___Other: ____________________________

3. CO-OP HISTORY (Required)
   _Not yet started
   _Fall _Spring _Summer Year ______ Employer/Waiver________________________
   _Fall _Spring _Summer Year ______ Employer/Waiver________________________
   _Fall _Spring _Summer Year ______ Employer/Waiver________________________
   _Fall _Spring _Summer Year ______ Employer/Waiver________________________
   _Fall _Spring _Summer Year ______ Employer/Waiver________________________
   _Fall _Spring _Summer Year ______ Employer/Waiver________________________

4. NEXT CO-OP
   _Fall _Spring _Summer Year ______ Or ___ Program Completed form continued ➔

DO NOT WRITE IN THE BOX BELOW, FOR DIVISION USE ONLY

FACULTY RECOMMENDATION: ___IN SUPPORT ___DO NOT WISH TO MAKE RECO -OR- NOT IN SUPPORT/MUST COMPLETE FACULTY RESPONSE FORM

FACULTY SIGNATURE: ___________________________________ DATE: ________________

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PSRC DECISION: _IN SUPPORT _NOT IN SUPPORT

ACTION: ____________________________________________

PSRC CHAIR: ____________________________ PSRC REP: ____________________________ DATE: ________________
5. EXPLANATION

- Please provide details/explanation regarding your request.
- If your request includes an exception to the dates of the program (time off of work), the exact dates must be included.
- If you are requesting time off for Military Training, you must include a copy of the information from ROTC with the dates.
- If you are requesting time off for medical reasons, include a document from your doctor noting the needed waiver or time off.
- For any petition, you may attach a separate sheet or additional documents that may provide additional clarity for your case.

6. REQUEST FOR COLLEGE and STUDENT REPRESENTATIVE REVIEW

[ ] Yes [ ] No

7. SIGNATURE _____________________________ DATE__________________________

complete and return to Susan.Frazer@uc.edu