



**FANSHAWE STUDENT UNION**  
**Fall 2018 Co-Op BUS PASS OPT IN**  
**2018-2019 APPLICATION FORM**

***To be completed by Student:***

*Please Print Neatly*

Student Name: \_\_\_\_\_ Student #: \_\_\_\_\_

Program: \_\_\_\_\_

Email: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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***To be completed by FSU Staff:***

Fees Paid (\$120.00):  (Cash, credit or debit)

Date: \_\_\_\_\_ Initials of Clerk: \_\_\_\_\_

Serial Number: \_\_\_\_\_