



**FANSHAWE STUDENT UNION**  
**Fall 2017 Co-Op BUS PASS OPT IN**  
**2017-2018 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 (\$115.00):  (Cash, credit or debit)

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

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