

COMPLETED FORMS MUST BE RETURNED TO:

Biology Department

Life & Health Sciences Building

2140 East Bank Drive Room D223

Or jkerswill@trentu.ca



Co-operative Education Job Approval Form

STUDENT DETAILS

Student Name:

Student ID:

Student Email:

HIRING CONTACT & EMPLOYER DETAILS

Company Name:

Street Address:

City:

Postal Code:

Job Location (if different than Address):

Hiring Contact Name:

Title:

Email Address:

Phone:

Company Website:

Is Workplace Safety Insurance Board (WSIB) or equivalent insurance coverage provided for the company's employees?

JOB DETAILS

** A Microsoft Word version of the job description is required to be attached along with this form for the job to be approved.*

Work Term: Summer
Fall
Winter

Duration: 4 months
8 months
12 months

Start Date:

End Date:

Co-op Job Title:

Hourly Rate of Pay:

Hours Per Week:

Unique Job Requirements (travel, shift work, car required, license, etc.):

Student's Signature:

Date:

Employer's Signature:

Date:

Placement Officer Signature:

Date: