



Co-operative Education Job Re-appointment Form

STUDENT DETAILS

NAME	STUDENT ID	EMAIL
DEGREE PROGRAM (BSCH, BASC, etc.)	SPECIALIZATION (Ecology, etc.)	WORK SEMESTER (i.e. S20)

HIRING CONTACT DETAILS

ORGANIZATION NAME		STREET ADDRESS	
UNIT/SUITE	CITY	POSTAL CODE	EMAIL
HIRING CONTACT NAME		HIRING CONTACT JOB TITLE	
PHONE	FAX (if applicable)	ORGANIZATION'S WEBSITE	

JOB DETAILS

*** A MS Word copy of the job description must be attached to this form for job approval.**

<input type="checkbox"/> Summer	<input type="checkbox"/> Fall	<input type="checkbox"/> Winter	<input type="checkbox"/> 4 months	<input type="checkbox"/> 8 months	<input type="checkbox"/> 12 months
WORK TERM SEMESTER			DURATION OF WORK TERM		

START DATE (DD/MM/YYYY)	END DATE (DD/MM/YYYY)	HOURLY RATE	HOURS PER WEEK

CO-OP JOB TITLE	POSITION LOCATION (ONLY ENTER ONE LOCATION)

UNIQUE JOB REQUIREMENTS (i.e. Travel, Shift Work, Car Required, License, NSERC, etc.)	

STUDENT'S SIGNATURE _____

EMPLOYER'S SIGNATURE _____

<i>CO-OP ADMIN ONLY</i>	
CO-OP COORDINATOR APPROVAL: _____	DATE: _____