



CO-OPERATIVE EDUCATION – EDUCATION THAT WORKS!

Work Term - Employer and Student Information

STUDENT NAME: _____

WORK PHONE: _____

STUDENT EMAIL: _____

HOURLY WAGE: \$ _____ HOURS PER WEEK: _____

START DATE: _____ END DATE: _____

SUPERVISOR'S EMAIL: _____

SUPERVISOR'S JOB TITLE: _____

SUPERVISOR NAME: _____

SUPERVISOR PHONE NUMBER: _____

EMPLOYER NAME: _____

WORK LOCATION ADDRESS: _____

Additional Information

Please email this form to your Co-op and Student Employment Assistant by the end of the first week of your Co-op/Internship position.