

CO-OPERATIVE EDUCATION WORK TERM REGISTRATION FOR GRADUATE STUDIES

WHEN WORK TERM IS ACCEPTED, SIGN AND RETURN COMPLETED FORM TO YOUR COORDINATOR.

By signing this form, you are agreeing to be registered in the below work term, and to abide by the terms and conditions of your Co-op program. Graduate supervisor permission is required for each work term.

SECTION 1: EMPLOYER INFORMATION (PLEASE PRINT)

EMPLOYER/ COMPANY NAME

EMPLOYER/ COMPANY LOCATION

SECTION 2: STUDENT INFORMATION (PLEASE PRINT)

STUDENT NUMBER	LAST NAME	FIRST NAME(S)
V 0 0		
WORK TERM (SELECT ONLY ONE)	Work Term NUMBER (SELECT ONLY ONE)	Masters PhD
Sept-Dec 2022	WT 1	CO-OP PROGRAM (SELECT ONLY ONE) HEALTH INFORMATION SCIENCE NURSING/ HEALTH INFORMATICS (DUAL DEGREE PROGRAM)
Jan-Apr 2022	WT 2	
May-Aug 2022	WT 3	
START AND END DATE _____ to _____		
STUDENT SIGNATURE	DATE	
HINF SUPERVISOR	SUPERVISOR SIGNATURE	DATE
OFFICE USE ONLY		
DEPARTMENT HINF	CRN (COURSE NUMBER)	EMPLOYER NUMBER
WORK TERM ENTERED IN LEARNING IN MOTION (LIM)	OFFER LETTER ON FILE	WORK TERM REGISTERED IN BANNER

Notes