

Co-op Work Term Information Sheet

Student Name:		Work-Term (circle one): 1 2	3 4 5 6
Employer:		Department: _		
Start Date:	End Date:	Supervisor:		
Work Phone:		_ Work Email:		
Work Schedule:		_ Pay Rate:		
1. Briefly describe your job responsibilities:				
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2. What learning objectives	have you and your su	ipervisor set for	this work term?	(For ideas

see the course of objectives on the syllabus)