

Semester:

Program:

Internship Student and Host Site Contact Information

First Name of Student:

Last Name:

Student number:

Student's Address:

City:

Province:

Postal Code:

Student's Email:

First Name of Supervisor:

Last Name:

Title of Supervisor:

Salutation (Mr./Mrs./Ms.)

Host Agency:

Mailing address:

City:

Province:

Postal Code:

Telephone:

Extension:

Fax:

Site Supervisor 's Email:

Start Date (Month day, year):

End Date (Month day, year):

Days of Internship:

(Monday – Friday, weekends as required)

Number of work placement hours:

(40 or 37.5 or 35 hour per week)

WSIB Letter from Placement Employers signed

Yes

No

Internship Location Out of Province

Yes

No

Liability Release and Indemnification & Acknowledgement of Risk Agreement

Yes

No

Student

Date: