

Co-op Agreement Form



FLEMING

Submit to: Angela Mark-McGill, ange.mark-mcgill@flemingcollege.ca
or drop off at the SENR Office 289.

Student Information

Student Name: (please print)	
Student ID Number:	Program:
Email:	Phone:
I found this job through: (select one)	
<input type="checkbox"/> Co-op Employer List <input type="checkbox"/> Career Services Website (www.flemingcollegecareerservices.ca)	
<input type="checkbox"/> Job Fair <input type="checkbox"/> Student Direct Job Search/Networking <input type="checkbox"/> Current/Previous Employer	

Employer Information

Name of Employment Organization: (please print)		
Address:		
City:	Province:	Postal Code:
Phone:	E-mail:	
Name of Contact Person/Supervisor:		
Job Title:		
Co-op Work Term Start Date: (approximate)		Co-op Work Term End Date: (approximate)
— day —	— month —	— year —
Job Description:		

Employer Agreement:

I agree to:

- Provide the student with duties related to their program of study
- Provide orientation of their duties (including all applicable/required health and safety practices and training)
- Facilitate the student's learning through supervision, mentoring, and increasing appropriate independence in the work setting
- Complete a Midterm and Final Performance Evaluation and submit this required paperwork to Fleming College's Co-operative Education Officer

Employer Signature:**Date:****Student Agreement:**

I understand and agree that I will honour my commitment to this employer regardless of subsequent job offers, and I agree to follow all practices, policies and procedures of my employer. I understand Fleming College will contact my employer for information related to my work term and performance.

Student Signature:**Date:****Program Co-ordinator Signature:****Date:**