



## Co-op Agreement Form

Submit to Anne Torwesten: [anne.torwesten@flemingcollege.ca](mailto:anne.torwesten@flemingcollege.ca)  
or drop off at the Co-op & Placement Office (Room 174).

### 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 ( <a href="http://www.flemingcollegecareerservices.ca">www.flemingcollegecareerservices.ca</a> )	
<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	____ 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:**