# Placement Agreement Form

Submit to your Placement Course Faculty

or Anne Torwesten:

anne.torwesten@flemingcollege.ca

**Student Information**

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| **Student Name (please print)** |
| **Student Number** | **Email** |
| **Program** |

**Employer Information**

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| **Name of Employment Organization (please print)** |
| **Address** | **Phone Number** |
| **City** | **E-mail** |
| **Prov.** | **Postal code** | **Placement Start Date** \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_  D D M M Y Y Y Y  |
| **Name of Contact Person/Supervisor** |

**Signatures**

 Student Faculty/Technician