# Placement Agreement Form

Submit to your Placement Course Faculty

or Anne Torwesten:

[anne.torwesten@flemingcollege.ca](mailto:anne.torwesten@flemingcollege.ca)

**Student Information**

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

**Employer Information**

|  |  |  |
| --- | --- | --- |
| **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