Co-op Agreement Form

Submit to: Project & Work Integrated Learning Coordinator, SENRS-WIL@flemingcollege.ca, or drop it off to the Co-op Office Room 257.

Student Information:

Student Name (please print)**:**	
Student Number:	
Program:	
Email Address:	
Phone Number:	

I found this job through (select one):

- ☐ Job Fair
- ☐ Student Direct Job Search/Networking
- ☐ Co-op Employer List
- ☐ Fleming College Career Services Website
- ☐ Current/Previous Employer

Employer Information:

Name of Employment Organization (please print):		
Address:		
City:	**Province:**	**Postal Code:**
Phone:	**Email:**	
Name of Contact Person/Supervisor:		
Job Title:		
Co-Op Work Term Start Date (approximate): D D / M M / Y Y Y Y	**Co-Op Work Term End Date** (approximate): D D / M M / Y Y Y Y	
Job Description (please make a note if it is attached separately)**:**		

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 Project & Work Integrated Learning Coordinator

Employer Signature: **Date:**

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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 that Fleming College will contact my employer for information related to my work term and performance.

Student Signature: **Date:**

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Program Coordinator Signature: **Date:**

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