



Placement Agreement Form

Submit to: Project & Work Integrated Learning Coordinator, SENRS-WIL@flemingcollege.ca, or drop it off to the SENRS Office in Room 289.

Student Information:

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

Employer Information:

Name of Employment Organization (please print):		
Address:		
City:	Province:	Postal Code:
Phone:	Email:	
Name of Contact Person/Supervisor:		
Job Title:		
Placement Work Term Start Date (approximate): D D / M M / Y Y Y Y	Placement Work Term End Date (approximate): D D / M M / Y Y Y Y	

Student Signature:	Date:

Program Coordinator/Faculty/Technician Signature:	Date:
