



Co-operative Education Job Re-appointment Form

STUDENT DETAILS

NAME	STUDENT ID	EMAIL
DEGREE PROGRAM (BSCH, BASC, etc.)	SPECIALIZATION (Ecology, etc.)	WORK SEMESTER (i.e. S22)

HIRING CONTACT DETAILS

ORGANIZATION NAME		STREET ADDRESS	
UNIT/SUITE	CITY	POSTAL CODE	EMAIL
HIRING CONTACT NAME		HIRING CONTACT JOB TITLE	
PHONE	ORGANIZATION'S WEBSITE		

JOB DETAILS

Position title and job description remain the same as previous work term

Position title and job description are different than previous work term - MS Word doc attached for approval **(required)**

<input type="checkbox"/> Summer <input type="checkbox"/> Fall <input type="checkbox"/> Winter		<input type="checkbox"/> 4 months... <input type="checkbox"/> 8 months... <input type="checkbox"/> 12 months		<input type="checkbox"/> In-Person <input type="checkbox"/> Remote <input type="checkbox"/> Hybrid	
WORK TERM SEMESTER		DURATION OF WORK TERM			
START DATE (DD/MM/YYYY)	END DATE (DD/MM/YYYY)	HOURLY RATE	HOURS PER WEEK		
CO-OP JOB TITLE		POSITION LOCATION (ONLY ENTER ONE CITY)			
UNIQUE JOB REQUIREMENTS (i.e. Travel, Shift Work, Car Required, License, NSERC, etc.)					

STUDENT'S SIGNATURE

EMPLOYER'S SIGNATURE