



Co-operative Education Employment Confirmation Form

Please complete and return the form within two weeks of employment start date to coop@lakeheadu.ca

Personal Information	
STUDENT FIRST AND LAST NAME	
STUDENT ID NUMBER	
PROGRAM OF STUDY	
STUDENT CONTACT TELEPHONE NUMBER	
STUDENT EMAIL ADDRESS	
Employment Information	
WORK TERM:	Summer__ Fall__ Winter__
COMPANY/ORGANIZATION	
WORK LOCATION- CITY/PROVINCE	
JOB TITLE	
HOURLY RATE	
SUPERVISOR FIRST AND LAST NAME	
SUPERVISOR TITLE	
SUPERVISOR EMAIL	
SUPERVISOR TELEPHONE NUMBER	
STUDENT CONTACT EMAIL- AT WORKPLACE	
STUDENT CONTACT NUMBER- AT WORKPLACE	
START DATE OF EMPLOYMENT CONTRACT	
END DATE OF EMPLOYMENT CONTRACT	
TOTAL NUMBER OF WEEKS	
JOB DESCRIPTION	
Confirmation Signatures	
STUDENT SIGNATURE	DATE:
WORKPLACE SUPERVISOR SIGNATURE	DATE:
CO-OP OFFICER SIGNATURE	DATE RECEIVED: