



School of Human Kinetics and Recreation
Physical Education Building
Memorial University of Newfoundland
St. John's, Newfoundland
A1C 5S7 Canada
Tel: (709) 864-2172
Fax: (709) 864-3979
hkrcoop@mun.ca

www.mun.ca/hkr/cooperative/

WORK TERM CHECKLIST

ALL STUDENTS

- _____ I have registered for the work term through the course registration process.
- _____ I have reviewed the email communications from the Co-op Office with instructions on accessing the online work term forms. I have reviewed the forms and understand that it is my responsibility to submit the information according to the indicated deadlines listed on the Critical Dates list posted.
- _____ I am aware that work term students are not normally permitted vacation or other personal leave from the work term position. Students who require special permission to be on temporary leave from the work term must contact the HKR Co-op office.

STUDENTS WITH JOBS THEY HAVE OBTAINED THEMSELVES

- _____ I have submitted the completed Own Work Term form outlining the position description and have received approval of the work term position from the HKR Co-op Office.

STUDENTS WORKING OUTSIDE OF CANADA

- _____ I have obtained my work VISA. _____ I have obtained appropriate medical insurance.

By signing below I verify that I have read the above and the information provided is correct.

Student Name (Print)

Signature

Date

WORK REPORT TOPIC

Please identify the type of work report project you have chosen to complete and provide a brief description:
