School of Human Kinetics & Recreation
Co-operative Education

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WORK TERM CHECKLIST

ALL STUDENTS

_____ *I have registered for the work term through the usual registration process.*

_____ *I have reviewed my work term placement forms and understand that it is my responsibility to submit the information according to the indicated deadlines.*

Please ensure work term forms are submitted by the deadline

STUDENTS WITH JOBS THEY HAVE OBTAINED THEMSELVES

_____ *I have submitted a job description of my position to and received approval from the Co-op Office.*

_____ *My Employer is aware I will be on a work term placement.*

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

REPORT TITLE/SUBJECT DESCRIPTION (Indicate a brief description of the problem or project and its scope)

_____
_____
_____
_____

Salary Survey

JOB DISCIPLINE				***SECTOR***	
Teaching	_____	*Kinesiology*	_____	*Provincial Government*	_____
General	_____	*Other*	_____	*Federal Government*	_____
Recreation	_____	*Volunteer*	_____	*Municipal Government*	_____
				Private	_____
Gross Monthly Salary	_____			*Non-Profit*	_____