



Work Term Confirmation

The following information is required to confirm your work term placement. The information provided will be added to our database for mailing correspondence and other contact during the term.

Please complete this form and send it during the first week of work. You can also update the information directly in the MyMUNLife system.

**TO: FACULTY OF ENGINEERING AND APPLIED SCIENCE
CO-OPERATIVE EDUCATION
ST. JOHN'S, NL A1B 3X5
TEL: (709) 864-8816 FAX: (709) 864-2537**

Student Name _____ Student Number _____

Job Start Date: _____ Work Term _____

Work Email _____

Business Phone _____ Fax _____

Employer _____

Business Mailing Address _____

Actual Work Site (if different than above) _____

Supervisor Name _____

Supervisor Title _____

Supervisor Email _____ Phone _____

JOB CATEGORY (select one)

- Consulting
- FW/SW Design or Test
- Instrumentation/Controls
- Power Generation/Distribution
- Project Management
- QA/QC
- Structural
- Design
- HW Design or Test
- Mech Systems
- Processing
- Research and Development

EMPLOYMENT CATEGORY

- Aerospace/Defence
- Construction
- High Tech
- Infrastructure
- Manufacturing
- Mining
- Energy
- Other

GROSS MONTHLY SALARY (CAN \$) _____

- Please provide street address and attach location sketch relative to a main thoroughfare if applicable.
- If any of this information changes during your work term, please provide an update to the co-op office.

The information on this form is collected under the authority of the University Act (RSBC 1979, C419), and is used to monitor your work term performance. If you have any questions about the collection and use of this information contact the Director of Co-operative Education (Engineering) at 709-864-8816.