



CO-OP ED

Work Term Notification Form

PLEASE PRINT CLEARLY

A COPY OF YOUR TRANSCRIPT MUST BE ATTACHED TO THIS FORM (mytru is acceptable)

Name: _____ Program: _____ Year: _____

Student #: _____ Expected Date of Graduation: _____

Number of courses left to complete prior to graduation: _____

Local Address: _____ Postal Code: _____

Phone: _____ Cell: _____

E-mail address: _____

It is **mandatory** that you schedule an appt with your Co-op Coordinator each semester.

Date of appointment: _____

To remain eligible in the TRU Co-op Program

please indicate the Work Term(s) you are planning to apply for:

Jan – April 2017 May - August 2017 Sept – Dec 2017

Are you available for out of town positions? (check ONE only)

Yes No Within Driving Distance

Are you an **International Student**? Yes No

If YES: When does your study permit expire? _____

Do you have a Co-op Work Permit Yes No

If YES: When does it expire? _____

Do you have a valid BC Driver's Licence?

No Class 5 Class 7(N)

Do you have any other valid Driver's Licence? (eg. Alberta, International etc.)

No Yes _____

Please specify

By signing this notification form you agree to pay tuition fees for any and all Work Terms whether by extension of an existing Work Term, returning to a previous employer, or acquiring a position independently, or with the assistance of your coordinator.

Student's signature

Date