

WHEN WORK TERM IS ACCEPTED, SIGN AND RETURN COMPLETED FORM TO YOUR COORDINATOR.

By signing this form, you are agreeing to be registered in the below work term, and to abide by the terms and conditions of your Co-op program.

<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>												
<p>(SELECT ONLY ONE)</p> <p>_____</p>	<p>(SELECT ONLY ONE)</p> 	<p>(SELECT ONLY ONE)</p> <p><i>*Check with Co-op Coordinator if unsure</i></p>										

Q1 i-QłGžq -Ŧs ă" U1s" 1 " { k š šž{ l ž q

Z9& LP&J ? c& U?L& öP \$??2? \$ 2U\$ 8 ?L8 U&9 P &9

" { k š Ê { žf - 1žq (1i Ũ1ž i 1ă

7RBN\RX IRU KLULQJ D 4e 7353SP Q # @51.0A