

WORK TERM LEARNING OBJECTIVES

INSTRUCTIONS: Please complete this form and **save your results**. Once you have completed the form please e-mail it to your Co-op Coordinator tony.loring@ubc.ca or sanya.sivic@ubc.ca. Return this form within two weeks of the start of your work term. This form is required before a final grade can be assigned to your co-op work term.

Student Name (first and last)

Student Number

Work Term

Period Covered

Employer

Division/Department

City

Province

Supervisor Name

Supervisor Title

Supervisor E-mail

Phone

Discuss your learning objectives with your supervisor during the first two weeks of your work term.

What technical skills would you like to acquire or improve during this work term?

What transferable skills would you like to improve or learn more about during this work term?

What skills or traits do you see as weaknesses that you would like to work on, and what are your plans for improving these areas?

What are your three core learning objectives for this work term?

What career areas would you like to learn more about during this work term? How do these areas of interest relate to your long-term career goals?

ADDITIONAL COMMENTS

Date form was completed

Learning Objectives were discussed with work supervisor?