

## 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](mailto:tony.loring@ubc.ca) or [sudeh.jahan@ubc.ca](mailto:sudeh.jahan@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

Employer

Division/Department

City

Province

Supervisor Name

Supervisor Title

Supervisor E-mail

Phone

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You must discuss your learning objectives with your work supervisor during the first two weeks of your co-op work term.

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

What self-management 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 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