

STUDENT ADDRESS & WORK TERM INFORMATION

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 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. Information updates are to be submitted every time any of the following information changes.

Student Information Update

Student Name (first and last)				Student Number
Work Term				
Work Term Period	Jan-Apr	May-Aug	Sep-Dec	
Start Date				End Date
Monthly Salary				Hrs/Month
Work Term Address				
City				Province
Postal Code				Home Phone
Work Phone				Work Email

Employer Information Update

Employer Name			
Division / Department			
Work Site Address			
City			Province
Postal Code			Country
Supervisor Name			Title
Supervisor's Work Phone			Email