

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

Student Information Update

Student Name (first and last)	Student #
Start Date	End Date
Work Term	
Period Covered	
Total Weeks	Total Hours
Monthly Salary	Hrs/Week
Work Term Address	
City	Province
Postal Code	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