

Request for Double Work Term

Name _____ Faculty _____ Student Number _____

Local Address _____

Phone (home) _____ Phone (work) _____

Semesters for which double work term requested: _____

Work term numbers: _____ and _____

Arranged with Employer? Yes No

Employer _____ Supervisor _____

Employer's comments: Regular Co-op job? Yes No

Continuation of project? Yes No

Reason for Request _____

**** You must attach an academic plan ****

Student is responsible for:

- Registering for work term and paying fee
- Dropping classes currently registered in
- Completing and submitting job site visit report form for each work term
- Contacting bank about Canada Student Loan and calling 787-5620 for Saskatchewan Student Loan to re-arrange terms for re-commencement of payment.

Date

Employer signature

Student's signature

Please return completed form to Academic Co-ordinator for approval.

Approved: _____
Date

Co-ordinator's signature