

Co-op/Internship Interview Request Form

Company Name _____ UR Job # _____ Company Job # _____ Name _____ Phone Number _____	Type of Interview: Telephone Co-op Office Off-Campus Off -Campus Location: _____ Name of interviewer(s): _____
---	--

Preferred Interview date: _____

Alternative/Additional date(s): _____

Interview Start time _____ a.m. p.m. (please note for campus interviews, office is not open before 8:00 a.m.) Length of interviews: _____ minutes Do you need breaks between each interview? Yes No Length of time: _____ Is a lunch break required? Yes No Length of time: _____ Before commencing interviews, is a general talk with all candidates required? Yes No

Student(s) to be Interviewed:

Send interview schedule to:

Name: _____ Phone: _____

Email: _____ Fax: _____

Extra comments or requests:

Please note that upon receipt of this form, the Co-op office will confirm dates and times for Interviews. Should you have any questions, please contact the Co-op office directly at (306) 585-4600 or coop.office@uregina.ca