



# CO-OP ED

## Work Term Notification Form

**A COPY OF YOUR TRANSCRIPT MUST BE ATTACHED TO THIS FORM (mytru is acceptable)**  
(Use **INTERNET EXPLORER** when printing your transcript)

Name: \_\_\_\_\_ Program: \_\_\_\_\_ Year in Program: \_\_\_\_\_

Student #: \_\_\_\_\_ Expected Date of Graduation: \_\_\_\_\_

Number of courses left to complete prior to graduation: \_\_\_\_\_

Local Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail address: \_\_\_\_\_

It is **mandatory** that you schedule an appt with your Co-op Coordinator each semester.

Date of appointment: \_\_\_\_\_

**To remain eligible in the TRU Co-op Program**

**please indicate the Work Term(s) you are planning to apply for:**

Sept – Dec 2018     Jan – April 2019     May - August 2019     Sept – Dec 2019

Are you available for out of town positions? (check ONE only)

Yes     No     Within Driving Distance

Are you an **International Student**?     Yes     No

**If YES:** When does your study permit expire? \_\_\_\_\_

Do you have a Co-op Work Permit     Yes     No

**If YES:** When does it expire? \_\_\_\_\_

Do you have a valid BC Driver's Licence?  
 No     Class 5     Class 7(N)

Do you have any other valid Driver's Licence? (eg. Alberta, International etc.)  
 No     Yes \_\_\_\_\_  
Please specify

*By signing this notification form you agree to pay tuition fees for any and all Work Terms whether by extension of an existing Work Term, returning to a previous employer, or acquiring a position independently, or with the assistance of your coordinator.*

\_\_\_\_\_  
Student's signature

\_\_\_\_\_  
Date