FACULTY OF ARCHITECTURE
UNIVERSITY OF MANITOBA
Cooperative Education / Integrated Work Program

CO-OP/I

Work Term Record

Term: _____ Year: _____
(Summer / Fall / Winter)

To be completed by the student after an employment offer is confirmed.

STUDENT INFORMATION:

Student Name: _____ Student Number: _____

Course Number: _____ Cooperative Education / Integrated Work Term #_____
EVDS 3800 / 3900 / 4800 / 4900
ARCG 7150 / 7250 / 7350

Students must register in the appropriate work term course on Aurora.

EMPLOYER INFORMATION:

Employer name: _____

Division (if applicable): _____

Supervisor Name and Title: _____

Supervisor Direct Phone: _____ Supervisor Email: _____

Employer address: _____

_____

TERMS OF EMPLOYMENT:

Position Title (if any): _____

Start date (month/day/year): _____ End date: _____

Length of Work Term (# of weeks): _____ Hourly wage: _____

Student Direct Work Phone: _____ Email: _____

Have you previously worked with this employer? Yes [ ] No [ ]

How did you find this position? _____

What are your expectations for this work term? (Brief 1-3 sentences).

_____
_____
_____

Due within the first week of work. Forward this completed Work Term Record, together with a pdf copy of your Letter of Offer, to the Co-op/I Coordinator faumcoop@umanitoba.ca.