



**CAMBROOKS COLLEGE
COOPERATIVE EDUCATION PROGRAM**

STUDENT AGREEMENT and CONFIRMATION OF ACCEPTANCE

Date: _____

First Name:		Student ID:	
Last Name:		Program:	

Please **read and initial** each item to indicate your understanding and commitment to the Cooperative Education program:

- _____ 1. I understand that Cooperative Education is an active learning contract between the employer, Cambrooks College, and me (the student).
- _____ 2. I give my consent to the Co-op Office to disclose my resumes, cover letters, transcripts, samples of work and other relevant application documents to prospective employers in Canada and international countries with an approved Co-op job posting after I have applied. The Co-op Office may also disclose these documents to employers without my prior knowledge in order to secure employment.
- _____ 3. I give my consent to the Co-op Office to share my Co-op work term report(s) as they were originally submitted, to other students in the Co-op program to assist their preparation for the interview process with the same or similar employer. I will notify the Co-op Office in writing if the work term report(s) is/are to be kept confidential.
- _____ 4. I understand and agree to represent the Co-op program and Cambrooks College in a professional manner at all times during my involvement with the Co-op program, and understand that I will fail my Co-op work term course and be removed from the program should my behaviour be found to be in breach of the college policy.
- _____ 5. I understand and agree that I must remain in good academic standing with Cambrooks College, meet the academic and continuance requirements of the

Co-op program, and I am expected to abide by the guidelines provided in the college Co-op Student Handbook.

- _____ 6. I agree to notify the Co-op office of any change in plans or information that will affect my participation in the Co-op program.
- _____ 7. International Students: I understand and agree that it is my responsibility, before I accept a Co-op work term, to obtain and maintain a valid Co-op work permit through Citizenship and Immigration Canada and have medical coverage as well as apply for my Social Insurance Number (SIN). All fees associated are my responsibility.
- _____ 8. I understand and agree that I will be subject to taxes should I earn income during a work term and such taxes may be deducted directly by my employer.
- _____ 9. That in order to receive the Cooperative Education designation as part of my degree **I hereby commit to completing a minimum of two** four-month work terms (for two-year program) or one four-month work term (for one-year program), as well as all degree and Co-op requirements as outlined by the college in the student and Co-op handbooks.
- _____ 10. It is my responsibility to review all jobs circulated by the Co-op Office and apply for positions, as per the directions of the job postings. I understand there is no guarantee of employment.
- _____ 11. I am aware that many Co-op opportunities exist outside Calgary, and I will actively pursue a placement outside the Calgary area.
- _____ 12. I will not contact directly any employer who has posted positions with the Co-op Office unless given permission by the Co-op office. All applications must be submitted through the Co-op Office, unless otherwise stated in the application instructions.
- _____ 13. I understand that I may conduct a self-directed Co-op job search and these potential opportunities must be approved by the Co-op office to ensure that it meets all requirements. Upon approval of the position I agree to follow the standard registration and program requirements.
- _____ 14. I am responsible for informing the Co-op office when I have secured a placement by completing the work experience registration form and sending this to the Co-op Office. The Co-op office will register me in the appropriate work term.
- _____ 15. I must be registered for the entire duration of the work term(s) applied for and, once registered, will not be permitted to withdraw from the work placement without penalty of failure. A grade of 'F' will be entered on the transcript for

the whole term(s) unless extenuating circumstances warrant granting of a withdrawal in accordance with college policies.

- _____ 16. I understand that I will be subject to all applicable tuition fees and other fees while on a Co-op work term and agree to pay these fees.
- _____ 17. I understand that a maximum of one academic course towards my diploma can be taken while on a Co-op work term and requires permission from my employer.
- _____ 18. I agree to be registered in the appropriate work term when continuing employment with a Co-op employer. Extensions (returning to the same employer for 2nd work term) are subject to the same tuition and academic registration terms and conditions as the original employment period.
- _____ 19. I understand that the College has the right to remove me from a Practicum due to my performance or conduct. I further understand that the Employer has the right to terminate my employment due to my performance or conduct.
- _____ 20. In addition to all applicable laws and College policies, procedures and regulations, I am subject to all relevant policies, procedures and regulations of the Employer. I understand that it is my responsibility to become familiar with all applicable rules.
- _____ 21. I have read, understand, and agree to comply with the rules, regulations and responsibilities as outlined in the **Co-op handbook**.

I understand that by placing my initials on each line and signing below I am accepting my personal accountability as a partner in the success of the Co-op program, and therefore accept the **Offer of Admittance** to the Cambrooks College Cooperative Education program.

Student Signature: _____ Date: _____