

Congratulations on your job offer! To register this co-op experience you must **submit this form prior to the employment start date indicated in your offer of employment**. Once you accept an offer and submit this form for verification, the **decision is final**; you must **stop job searching** and **decline any interview requests** for positions taking place during your contracted employment.

To finalize this offer, please:

- Complete and sign this form and review the conditions listed on page 2.
- Submit the following documents to engcar@mcmaster.ca
 1. Completed Co-op Confirmation Form
 2. Signed offer of employment letter (note: unsigned electronic offers require employer confirmation)
 3. Job posting or an official description from employer. If no official job description is available, please have the employer [complete this form](#) (note: not required if an OscarPlus Job ID is identified below).

Is this an extension of your current verified co-op work experience? YES NO

- If “YES,” what was your original end date?
- What is your extension end date?

Is this a research position? YES NO

If yes, please indicate if this research position is funded by any awards/grants, as follows (select if applicable)

- Engineering Research Experience Award (EREA)
- Other funding source (i.e. NSERC, CNL, etc.)

Student Information			
Student First and Last Name:			
McMaster Email:		Phone Number:	
Student Number:		Program & Level:	
Co-op Employment Offer Details			
OscarPlus Job ID (if applicable):		Job Title:	
Co-op Employer/Company Name:		Start Date & Work Term Duration (i.e. # of months):	
Co-op Employer/Company Address (city, province, postal code):		Wage Per Hour:	
Are you working remote, hybrid, or in-person?		Hours Per Week: <small>(note: a minimum of 420 hours is required for each 4-month work term to meet eligibility requirements for co-op credit)</small>	
Student Work Address (if working remotely or hybrid):			
Co-op Employer/Company Information			
Manager Name:		Manager Email:	
Human Resources or Recruiter Contact Name:		Human Resources or Recruiter Contact Email:	
Full Company Mailing Address (city, province, postal code):			
Co-op Employer/ Company Website:			

Please select each tick box to indicate your understanding, acceptance and agreement to the following conditions.

1. I confirm that I am registered as a full-time co-op student before I begin working and will return as a full-time student after completing the co-op (min. 9 units/academic term for undergraduate students or 3 units/academic term for graduate students) in my current program plan to fulfill co-op graduation requirements. In accepting this offer, I confirm that I am in good academic standing, have successfully completed the co-op pre-employment course (one of ENGINEER 1EE0, IBEHS 1EE0, ENGTECH 1ET0 or ENGINEER 701) and have paid all outstanding fees on my account.
2. I acknowledge that supplementary part-time employment while engaged in this co-op work term is strongly discouraged and that it is likely that I may have to suspend any part-time employment for the duration of my co-op work term. Should I see a need to continue in a part-time position, I will discuss this with my Career Educator so that I have a plan for workload management.
3. I acknowledge that I will NOT be permitted to resume full-time academic studies until the end of my co-op work term. I understand I am eligible to enroll in 4 academic units while on a co-op. Requests to enroll in more than 4 units (up to an allowable maximum of 6 units) may be granted with approval of my employer and ECCS. In the spring term, 6 units of study refers to 1 spring course and 1 summer course or 2 multi-term courses that total 6 units. Requests to take capstone courses while on co-op will require additional levels of review and approvals are rare.
4. I understand I am able to register a maximum of 16 months of continuous employment at one time and a total maximum of 24 months (for 4-year programs) or 28 months (for 5-year programs) of co-op experience within my degree.
I agree to complete all procedural requirements of the Engineering Co-op program including: providing and updating contact information in my work term details, completing all required check-ins and reflections, and regularly checking my McMaster email for co-op communications.
5. I understand a co-op course will be added at the beginning of each work term (January/May/September) to my student record. Each course added represents 4 months of co-op work experience. When the course is added, the co-op fee will be charged directly to my student account, if applicable. Late approvals of co-op work terms or payments of fees may result in late payment/interest charges.
6. Should the co-op work term duration be modified (extended, shortened or terminated), I agree to notify the ECCS office immediately. For extensions, a new contract or other formal notice from the employer with new end date must be submitted to ECCS prior to the extension start date. I agree to register all qualifying subsequent work terms and pay the additional co-op fees.
7. I agree to follow [McMaster University's Student Code of Conduct](#) and the [Faculty of Engineering Co-op Policies](#) and will demonstrate high standards of workplace professionalism and ethics as befitting a representative of McMaster University's Faculty of Engineering.
8. I will comply with applicable workplace legislation and policies and procedures of my employer including those covering workplace safety, confidentiality and intellectual property, employer-provided devices (e.g., phone, computers, etc.).
9. I understand that an unsatisfactory evaluation could result in my termination from both the co-op work term and the Engineering Co-op program. If I encounter on-the-job issues, I will [contact my Career Educator](#) to seek guidance on appropriate solutions prior to taking action on my own.
10. Under no circumstances will I institute or authorize legal action against this employer without obtaining prior approval from Engineering Co-op & Career Services. I understand that such approval will not be unreasonably withheld.

[ORIGINAL SIGNATURES REQUIRED; Typed names will not be accepted]

Student Signature:

Date:

The information gathered on this form is collected under the authority of the *McMaster University Act, 1976*. The information is used for the academic, administrative, financial and statistical purposes of the University including, but not limited to, admissions; registration and maintaining records; awards and scholarships; convocation; provision of student services, including access to information systems; alumni relations; and disclosure to or on behalf of the applicable McMaster student government. This information is protected and is being collected pursuant to section 39(2) and section 42 of the *Freedom of Information and Protection of Privacy Act* of Ontario (RSO 1990). Questions regarding the collection or use of this personal information should be directed to the University Registrar, University Hall, Room 209, McMaster University.