**McMaster Engineering – Co-op Confirmation Form (INTERNATIONAL WORK TERM)**

Congratulations! If you have received a job offer from an employer, you are required to **submit this form within 5 days of accepting your offer** in order to have your co-op experience finalized. To finalize this offer, please:

* Fill out the form in full, read the conditions listed on the bottom of this page and sign the form
* Email: (1) form, (2) signed offer letter, (3) Completed OLS 9.1.2000 form, (4) Verification of travel, and (5) Job description back to [engcoop@mcmaster.ca](mailto:engcoop@mcmaster.ca). **A job description is not required if an OscarPlus Job ID is identified below.**

If you accept an offer and submit this form for verification, the **decision is final**.

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

Original End Date: Extension End Date:

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| **Student First/Last Name:** | Click or tap here to enter text. | | |
| **McMaster Email:** | Click or tap here to enter text. | **Phone Number:** | Click or tap here to enter text. |
| **Student Number:** | Click or tap here to enter text. | **Program & Level:** | Click or tap here to enter text. |

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| **OscarPlus Job ID (if applicable):** | Click or tap here to enter text. | **Job Title:** | Click or tap here to enter text. |
| **Employer:** | Click or tap here to enter text. | **Start Date & Work Term Duration:** | Click or tap here to enter text. |
| **Employer Address (city, province, postal code):** | Click or tap here to enter text. | **Salary (include hrs/week):** | Click or tap here to enter text. |
| **Student Work Address**  **(if different than above):** | Click or tap here to enter text. | **Employer website:** | Click or tap here to enter text. |

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| **Supervisor Name:** | Click or tap here to enter text. | **Supervisor contact phone/email:** | Click or tap here to enter text. |
| **Company Contact Name**  **(if different than above):** | Click or tap here to enter text. | **Company contact phone/email (if different than above):** | Click or tap here to enter text. |

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| Human Resources or Signing Authority who has corporate authority for health and safety of the overall corporation | | | |
| **Contact Name:** | Click or tap here to enter text. | **Contact Email:** | Click or tap here to enter text. |
| **Full mailing address:** | Click or tap here to enter text. | | |

**By accepting and submitting this verification form, I agree to the following conditions:**

1. I confirm that I am registered as a full-time student before I begin working, and will return as a full-time student after co-op (min. 9 units). In accepting this offer, I confirm that I am in good academic standing and have paid all outstanding fees on my account.
2. I confirm that I have received training on personal protective equipment and health and safety measures related to COVID-19
3. I acknowledge it is my responsibility to secure any visa/permits for the country in question
4. I acknowledge I have reviewed the World Health Organization <https://covid19.who.int/> and am aware of current data available for the country of my co-op work term
5. I recognize that part-time employment is strongly discouraged and that it is likely that I will have to suspend any part-time employment for the duration of my Co-op work term.
6. I acknowledge that I will NOT be permitted to resume academic studies in Engineering until the end of my co-op work term. Upon my request, the ECCS Manager may permit me to register in one McMaster course per semester with the approval of my employer.
7. I agree to complete all procedural requirements of the Engineering Co-op program including: providing and updating contact information, arranging and participating in work-site visits, completing all required evaluations and delivering my end-of-work term report or presentation to Engineering Co-op & Career Services at the specified due date.
8. I understand the co-op course code will be added at the beginning of each work term(January/May/September) to my student record. Each course code added represents 4 months of co-op work experience. When the course code 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.*
9. 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 must be submitted and I agree to pay the additional co-op fees.
10. I agree to follow the McMaster University Student Code of Conduct <http://www.mcmaster.ca/univsec/policy/StudentCode.pdf>, and will as well demonstrate high standards of workplace professionalism and ethics as befitting a representative of McMaster University’s Faculty of Engineering.
11. I will comply with all applicable workplace legislation including that covering workplace safety. I will comply with all policies and procedures of my employer, including those covering workplace safety, confidentiality and intellectual property, employer-provided devices e.g., phone, computers, etc.
12. I understand that an unsatisfactory evaluation could result in my termination from both the Co-op work term and the Engineering Co-op program.
13. 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:** Click or tap here to enter text.

**Human Resources or Signing Authority Signature:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:** Click or tap here to enter text.

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.