

Please circle the work term(s):

| | | | |
|--------|------|--------|--------------------------------|
| Summer | Fall | Winter | 8-month (circle both terms) |
|--------|------|--------|--------------------------------|

I accept co-op employment with the organization named below.

Please print your name and ID

Your major

Name and location of organization

Your graduation year

Accommodation

I understand that:

- I am responsible for obtaining my own accommodation if I need to relocate for a position.

Length of Work Term

I understand that:

- I am expected to work for my co-op employer throughout the entire work term(s).

 I will:

- start and end my work term on the dates specified as the beginning and ending of term(s) in the appropriate course calendar, unless the employer has requested alternate dates from the outset.

 I acknowledge that:

- I must obtain approval from the Co-op Office before attempting to vary these dates.

 I will not:

- ask employers for vacations during work terms.

Academics

I understand that:

- I may not take more than two courses during a work term. *
- any course I take must not interfere with my work and must be scheduled outside of working hours.

Performance

I recognize that:

- the Co-op Office will review my status if I quit or receive an unsatisfactory employer evaluation or if my employer dismisses me, and that the maximum penalty in these situations is my withdrawal from the Co-op Option.
- I may be withdrawn from the Co-op Option even if I have completed the minimum number of weeks required for a work term before being dismissed by my employer.

Confidentiality

I agree to:

- use discretion and maintain confidentiality when discussing my co-op employers, their organizations and their customers or clients with anyone other than Laurier Co-op staff members.

Liability

I acknowledge that:

- the university will not be held liable for any agreements established or breached with my employer, including salary, benefits or a job offer.
- the university will not be held liable for any expense, personal injury, or loss or damage of personal property arising while seeking employment or from my employment during a work term.

Rules and Regulations

I agree to:

- abide by rules, regulations and policies set by both the Co-op Office and my co-op employers.
- abide by ethical and legal guidelines, including but not limited to those concerning use of computers.

* not applicable to MBA Co-op

- I understand that:
- the Co-op Office will review my status if I fail to comply with any of the above regulations, and that the maximum penalty for failure to comply is my withdrawal from the Co-op Option.
 - if I am required to withdraw from co-op for contravening co-op policies, no portion of my co-op fee will be refunded.
- I will:
- confirm my acceptance of this co-op position in a letter to the employer within seven days of signing this form. (Co-op Office: If exemption is required, cross out line and initial change.)

I have read the conditions, understand them, and agree to meet the conditions.

| | |
|------------------------|-------|
| _____ | _____ |
| Your signature | Date |
| _____ | _____ |
| Co-op Office signature | Date |

For students in **Arts Co-op** or **Science Co-op**:

| | |
|---------------------------------|-------|
| _____ | _____ |
| Faculty Coordinator's signature | Date |

Additional sections:

For students accepting a position, usually in chartered accounting or insurance, requiring a commitment to **return** for a **second work term** following an academic term:

- I acknowledge that:
- I am committed to returning to this employer for a second work term, should I be invited to do so.
 - if I ask the employer not to invite me to return for a second work term, my actions will result in a review of my co-op status, and that the maximum penalty for such actions is my withdrawal from the Co-op Option.

| | |
|----------------|------------------------|
| _____ | _____ |
| Your signature | Co-op Office signature |
| _____ | _____ |
| Date | Date |

For all students accepting an **eight-month** position:

- I acknowledge that:
- I must continue to work for this employer for two consecutive work terms.

May to December _____ Other (please specify) _____

For all students accepting an eight-month position **except** those in the MABE Co-op Option:

- I acknowledge that:
- I am responsible for determining the alternate sequencing for my program immediately upon accepting a position, and for obtaining necessary approvals with the School of Business and Economics and the Co-op Office. I understand that the sequence may not include a second work term during May to August.

| | |
|----------------|------------------------|
| _____ | _____ |
| Your signature | Co-op Office signature |
| _____ | _____ |
| Date | Date |

Please sign this form and return it to the Co-op Office within 48 hours. Fax: (519) 884-8829