



This sheet should be completed and returned for approval within one week of starting work or supervised research to Paula Costello by fax at 902-423-6672. Use a sheet for each position proposed to meet the work term requirement.

NAME _____

STUDENT # _____ WORKTERM _____

EMPLOYER _____

STREET ADDRESS _____

MAILING ADDRESS _____

POSTAL CODE _____ E-MAIL _____

URL _____

TELEPHONE# _____ FAX# _____

SUPERVISOR'S NAME _____

JOB DESCRIPTION _____

SALARY _____ START DATE _____/_____/_____

HOME ADDRESS _____

POSTAL CODE _____ TELEPHONE# _____

THE INFORMATION PROVIDED ABOVE DESCRIBES SUPERVISED RESEARCH

RATHER THAN WORK _____

STUDENT SIGNATURE _____

DATE _____

APPROVED BY FACULTY COMMITTEE _____