
Last Name: ____________________________________ First Name: ____________________________________ Student Number: __________________________

This agreement outlines key elements of participating in Simon Fraser University’s Co-operative Education program and is consistent with accreditation standards outlined by the Canadian Association for Co-operative Education (CAFCE).

I understand:
• Undergraduate work and study semesters normally alternate and that the successful completion of at least four work terms is required for a Co-operative Education degree designation; undergraduate students are eligible for a Co-op certificate upon successful completion of three work terms.
• Graduate students should refer to the SFU Calendar for program information.
• Both work and study semesters are normally full-time and students are expected to end on a study term.
• Students must remain in good academic standing with the University and are expected to abide by the guidelines outlined in the Co-op Student Handbook (www.sfu.ca/coop/students/handbook.html)
• Acceptance into the Co-op program does not guarantee employment during the program or after graduation.

Upon acceptance to the Co-op program, I consent to the disclosure of:
• My academic transcript, resume, cover letter, and any portfolio pieces to current and potential employers in order to facilitate the Co-op hiring process.
• My work reports for other students to view in order to provide insights into the experience(s) I had with specific employers, unless I explicitly request in writing that the report be treated as confidential.

I understand that my consent to disclose the personal information about me noted above expires when I leave the Co-operative Education program.

I understand that upon securing Co-op employment:
• I must register in the appropriate Co-op practicum course and pay tuition and applicable student fees for each work term as stated in the SFU Calendar.
• If my practicum is extended for an additional semester, or if I return to work for an additional work term with a previous Co-op employer, I will register and pay tuition and applicable student fees.

Finally, I agree that I will notify my Co-op program as to any change in plans that will affect my participation in the Co-operative Education program.

For International Students Only:

I understand that before accepting a Co-op work placement in Canada, it is my responsibility to obtain and maintain the following:
(A copy of the work permit should be submitted to your Co-operative Education program.)
• Valid co-operative education work permit through Citizenship and Immigration Canada
• British Columbia Medical Services Plan (BC MSP) coverage

__________________________________
Student Signature

__________________________________
Co-op Representative

Date _________________________

The information on this form is collected under the general authority of the University Act (R.S.B.C. 1979, c.419). It is related directly to and needed by the University in order to support your request to join the Co-op Program. If you have any questions about the collection and use of this information, please contact a Simon Fraser University Co-operative Education Coordinator.