

Work Term Information - D`Ubb]b[

To D`Ubb]b[work term students:

During your first week of employment or supervised research, please complete the Student and Employer sections below and return this form to Joanne Woodworth:

fax: **902 423 6672**

e-mail: **joanne.woodworth@dal.ca**

(phone: 902 494 3442)

It will be forwarded to the Graduate Coordinator for approval.

Student:	Work term: MPlan
Student number:	
Home address:	Phone:
Signature:	Date (dd-mm-yy):

Employer:	Website:	
Street address:	Phone:	
	Fax:	
Mailing address: (if different)		
Supervisor:	E-mail:	
Job description:		
Salary:	per hour	Start date (dd-mm-yy):
The information above is for mentored research rather than employment.		

GW cc`cZD`Ubb]b[:		
Grad. Coordinator:	Decision:	Position is approved
Date:		Position is not approved