

Eligible Co-operative Education Registration Form

To be completed by the student, faculty, and Academic Chair prior to the start of the co-op

This Co-operative Education Registration Form is to be used by students who wish to enroll in their program’s co-op elective course.

By completing and signing this form, I give consent for my information to be shared with my employer. Until you have been approved you are not considered enrolled in a co-op course (this includes paying tuition).

| CO-OPERATIVE EDUCATION INFORMATION (All information is required)                                                                                                                                                                                                                                                                                                                                                                                    |                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| Must be completed by the student.                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                               |
| Student’s Legal Name:                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                               |
| Name Used if not Legal Name:                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                               |
| Student ID Number:                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                               |
| Street Address:<br>(May 1st to August 31 <sup>st</sup> )                                                                                                                                                                                                                                                                                                                                                                                            |                                                                               |
| Postal Code:                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                               |
| City/Town:                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                               |
| NSCC Email Address:                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                               |
| Alternate Email Address:                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                               |
| Program:                                                                                                                                                                                                                                                                                                                                                                                                                                            | Year of Study: First <input type="checkbox"/> Second <input type="checkbox"/> |
| Campus:                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                               |
| Work Experience Start Date:                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                               |
| Employer/Organization:                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                               |
| Direct Supervisor Name:                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                               |
| Direct Supervisor Phone Number:                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                               |
| Direct Supervisor Email:                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                               |
| <p>In order to be eligible for co-op work experience, you must:</p> <div><input type="checkbox"/> Be a first-year student,</div> <div><input type="checkbox"/> Have your job description approved by your Faculty Advisor or Academic Chair</div> <div><input type="checkbox"/> Work a minimum of 12 weeks or 420 hours and be remunerated (paid) for the position.</div> <p>International Students require an international co-op work permit.</p> |                                                                               |
| Student Signature:                                                                                                                                                                                                                                                                                                                                                                                                                                  | Date:                                                                         |

| FOR OFFICE USE ONLY                                                                                                                                         |                   |               |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|---------------|
| <a href="#">Link to Co-op eligibility details on Connect</a>                                                                                                |                   |               |
| Co-op Faculty Name:    Shayla Simon, WIL Coordinator                                                                                                        |                   | Date:         |
| Co-op Faculty Signature: <i>Shayla Simon</i>                                                                                                                |                   |               |
| Academic Chair or Designate Name:                                                                                                                           |                   | Date:         |
| Academic Chair or Designate Signature:                                                                                                                      |                   |               |
| Campus Assistant Registrar Name:                                                                                                                            |                   | Date:         |
| Campus Assistant Registrar Signature:                                                                                                                       |                   |               |
| Confirmed Eligibility <input type="checkbox"/>                                                                                                              | Confirmed By:     | Date:         |
| Course ID:                                                                                                                                                  | Catalogue Number: | Class Number: |
| Posted on PeopleSoft by:<br><input type="checkbox"/> Co-op Credit recorded on Transcript.<br><input type="checkbox"/> Co-op designation recorded on Diploma |                   | Date:         |
| Tuition Payment Received by Business Office <input type="checkbox"/>                                                                                        |                   | Date:         |
| Posted to Student Account <input type="checkbox"/>                                                                                                          |                   |               |
| Receipt #:                                                                                                                                                  |                   |               |

**Note:** Tuition for Co-operative Education course is the amount of one credit course, payable to the Business Office at the local campus. This tuition is non-refundable if a student withdraws or does not complete the course. If a student is unable to obtain an approved Co-op placement, or does not meet eligibility requirements, tuition will be refunded. All tuition and fees must be paid to the Business Office to be eligible for graduation.

Once you have completed this form, please send to [workexperience@nscc.ca](mailto:workexperience@nscc.ca) along with a copy of your job description.