

STUDENT CONFIRMATION FORM

PROJECT FILE#: 2010 _____

Must be completed by *the student, co-op coordinator and employer* within five days of first day worked.

STUDENT— please complete this section, sign it, and then give it to your co-op coordinator. Thank you.

Last Name	First Name	Initial
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Mailing Address	Street Number / PO Box	City/Town
<input style="width:100%;" type="text"/>		
Home Telephone #		E-mail Address
<input style="width:95%;" type="text"/>		<input style="width:95%;" type="text"/>
Social Insurance Number	Date of Birth	Sex
<input style="width:95%;" type="text"/>	dd: mm: yy:	M <input type="checkbox"/> F <input type="checkbox"/>
Name of Educational Institution you will be attending this Fall		Field of Study / Program of Study
<input style="width:95%;" type="text"/>		<input style="width:95%;" type="text"/>
Student Number	Start date at this institution	Date you expect to graduate
<input style="width:95%;" type="text"/>	dd: mm: yy:	dd: mm: yy:

I **confirm** that the above information is correct and **give permission** for a copy of my **Record of Employment** to be sent to the Co-operative Employment Program, for the wage reimbursement claim.

Signature of Student	Date
<input style="width:95%;" type="text"/>	dd: mm: yy:

CO-OP INSTITUTION— COORDINATOR - please complete this section and return it to the Employer.

This is the student's: 1st 2nd 3rd 4th work term for program credit. (check applicable year)

I **confirm** that all the above information is correct.

Signature of Co-op Coordinator	Date
<input style="width:95%;" type="text"/>	dd: mm: yy:

EMPLOYER—please complete this section, sign it, and **send** it to the Co-operative Employment Program **within five working days of student start date**.

Name of hiring organization

Division/Department (if applicable)

Student's Position Title	Hourly Wage	Hours per Week
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
First Day Worked	Anticipated Last Day of Work	
dd: mm: yy:	dd: mm: yy:	

I **confirm** that all of the above information is correct.

Signature of contact person	Date
<input style="width:95%;" type="text"/>	dd: mm: yy:

How to contact us —

<p>By Mail: Economic and Rural Development Student Employment Programs PO Box 2311 Halifax, NS B3J 3C8</p>	<p>By Courier: Economic and Rural Development Student Employment Program 1660 Hollis Street, Suite 600 Halifax, NS B3J 1V7</p>	<p>By Phone, Fax, or E-mail: Toll-free: 1-800-424-5418 Local: (902) 424-6000 Fax: (902) 424-0508 E-mail: sepinfo@gov.ns.ca</p>
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Website: www.gov.ns.ca/econ/sep