

STRATEGIC COOPERATIVE EDUCATION INCENTIVE 2012 Term 1 - Confirmation Form

To **accept** this offer: Complete “**STUDENT**” and “**CONTACT**” sections (complete for each student hired).

OR:

To **decline** this offer: Check one of the options below and complete the “Contact” section.

Decline reason: No suitable student No applicants Accepted other funding

Other (provide brief explanation): _____

STUDENT

Name (please print):		Job Title:	
		Position Start and End Date :	
Address: Street/Number/PO Box		City/Town	Postal Code
Home Telephone #: ()	Email Address (Mandatory):		
Social Insurance Number:	Date of Birth dd: mm: yy:		Sex: M <input type="checkbox"/> F <input type="checkbox"/>
Name of Educational Institution you are attending this Fall:		Program of study:	
Student Number:	Start date at this institution: dd: mm: yy:	Expected date of graduation: dd: mm: yy:	
<p>STUDENT AUTHORIZATION: I authorize the Province of Nova Scotia, as represented by the Student Employment Programs, to contact me for matters related to administration, monitoring, and evaluation of my work term; and participate in surveys for the purpose of evaluating the Strategic Cooperative Education Incentive.</p>			
Signature _____			Date: ____/____/____

**Attach confirmation of enrolment in Cooperative Education program
(Copy of unofficial transcript or Letter from a Coop Coordinator)**

CONTACT

Name (please print):	Project Number:
Organization Name:	
Signature:	Date: dd: mm: yy:

Return to Student Employment Program by fax to: (902) 424-0508 or scan and email to: sepinfo@gov.ns.ca

Questions: Toll Free: 1-800-424-5418 or (902) 424-6000