

CO-OP EMPLOYMENT ELIGIBILITY FORM

1. This form **must** be submitted via email prior to the commencement of work or within the first week of employment in order to be considered.
Note: For international positions, the form must be scanned and emailed.
2. The second page of this form is to be completed and signed by the manager or supervisor and printed on a company letterhead.

Please submit this form and your employment letter (if available) to your Faculty Advisor:

Architectural Science	(ARCH)	Vincent Hui	E: vincent.hui@ryerson.ca
Biology	(BIOL)	Dr. Costin Antonescu	E: cantonescu@ryerson.ca
Biomedical Science	(BIOM)	Dr. Sarah Sabatinos	E: ssabatinos@ryerson.ca
Chemistry	(CHEM)	Dr. Stephen Wylie	E: swylie@ryerson.ca
Chemical Engineering	(CHNG)	Dr. Simant Upreti	E: supreti@ryerson.ca
Computer Science	(CSCC)	Dr. Eric Harley	E: cs-coop@ryerson.ca
Financial Math Mathematics and its Applications	(FMAT) (MATH)	Dr. Alexey Rubtsov	E: arubtsov@ryerson.ca
Medical Physics	(MPHY)	Dr. Alexandre Douplik	E: douplik@ryerson.ca
Occupational Health and Safety Public Health and Safety	(OHSC) (PHSC)	Dr. Eric Liberda	E: eric.liberda@ryerson.ca

Student Name: _____

Student ID: _____ Work Term #: _____

Program: _____

I understand that this position must be approved by the appropriate faculty advisor to count towards my co-op term(s) and that submitting this form does not guarantee its eligibility. If approved as a valid co-op position, I will need to fulfill all the necessary requirements in order to pass the co-op term associated with this position. These will include paying the co-op fee, getting a satisfactory evaluation from my employer, and getting a “pass” grade on the co-op work term report.

Student’s Signature: _____ Date: _____

Approved
 Not approved

Faculty Advisor Signature: _____ Date: _____

Note to Faculty Advisor: Once reviewed, please submit to the Career and Co-op Centre.

Student Name: _____

Company Name: _____

Department / Division: _____

Address: _____

Supervisor's Name: _____

Title: _____

Phone #: _____ Fax #: _____

E-mail (if any): _____

Student's Employment Start Date: _____ End Date: _____

Number of Hours of Work Per Week: _____ Salary: _____

Position: _____

Description of Position: _____

I understand that the position described above must be approved by the appropriate faculty advisor in order to be eligible for co-op and that submitting this form does not guarantee its eligibility. If approved as a valid co-op position, I will be expected to fulfill all the obligations of a co-op employer. These will include agreeing to have a Ryerson co-op representative visit the student and I at the workplace, completing a performance evaluation at the end of each work term, and reviewing the student's co-op work term report(s).

Supervisor's Signature: _____ Date: _____