Please complete the following Work Term Report outline and forward to the appropriate Co-op Office.

**STUDENT INFORMATION**

Student Name: ___________________________  Student Number: ____________

Program: ___________________________  Campus: ____________

Work Term #: ___________________________

Employer: ___________________________________________

Address: ___________________________________________

Telephone: ___________________________  Fax: ___________________________

E-mail: ___________________________________________

(Please ensure that the contact information is correct so you can be reached to discuss the report, if necessary).

College of the North Atlantic is an educational body of the Government of Newfoundland and Labrador, and is therefore subject to the Access to Information and Protection of Privacy Act, 2015 (ATIPPA). Student Services is collecting your personal information to verify program objectives are met and to update your academic record. It will only be used for this purpose. Personal information will only be disclosed as required to do so by law. This personal information is collected under the authority of the College Act 1996 (SNL1995, Chapter C-22.1). Collected personal information will be stored in accordance with our normal network and information security measures. For further information about the collection and use of this information please contact the Associate Vice-President of Student Services at 709-643-7835. For more information about the ATIPPA please visit [www.cna.nl.ca/about/atippa.asp](http://www.cna.nl.ca/about/atippa.asp).

I have read and understand the Privacy Statement above and consent to the collection and use of this personal information.

Student Signature: ___________________________  Date: ___________________________

**EMPLOYER INFORMATION**

Name (please print): ___________________________

Signature: ___________________________  Date: ___________________________

DUE THREE (3) WEEKS FROM THE START OF THE WORK TERM
AND MUST BE SIGNED BY YOUR SUPERVISOR.

You should receive feedback from the appropriate instructor approximately two (2) weeks after submission.
WORK TERM REPORT OUTLINE

Report Title: ________________________________________________________________

**Detailed Description**

Problem or Project:

__________________________________________________________________________

__________________________________________________________________________

Scope:

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Methodology:

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Objectives:

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Additional Notes:
This comprehensive report must be written according to the attached guidelines. It should be directly related to a work term responsibility or activity where possible. If not, you must provide justification. Pure library or internet research is not acceptable. There will be strict adherence to all submission dates, with penalties being applied for late submission. Environmental students are also required to submit a report structure outline.

Outline Approved:    _____ Yes    _____ No    Date:______________________________

Notes:

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

SS-MRE-COOP-017-16-05-31