



Work Term Report Validation

The Co-operative Education Office requires the immediate supervisor to validate the student's work term report to ensure approval process and confidentiality is maintained between the student and his/her employer.

STUDENT INFORMATION

Student Name: _____ Student Number: _____

Program: _____ Campus: _____

Work Term #: _____

Employer: _____

Did you see a rough draft of the report? _____ Yes _____ No

Did you see the final work term report? _____ Yes _____ No

Comments: _____

SUPERVISOR INFORMATION

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 the 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.

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

Supervisor Name (please print): _____

Supervisor Signature: _____ Date: _____

NOTE: The Work Term Report will NOT be accepted without having this form completed!