

THE CANADA-JAPAN CO-OP PROGRAM

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The Canada-Japan Co-op Student Work Term Information Form

Last Name: _____ First Name: _____
Home Institution: _____ Program: _____
Discipline: _____ Student # _____
Email: _____

Residence in Japan

Current Address: _____ City: _____
Prefecture: _____ Country: _____ Postal Code: _____
Phone #: _____ Cell #: _____ Pager #: _____

Permanent Address in Canada: _____ City: _____
Province/State: _____ Postal Code: _____
Permanent Phone #: _____

Emergency Contact in Canada: First Name: _____ Last Name: _____
Relationship: _____ Home Phone#: _____ Cell#: _____
Address: _____ City: _____ Province/State: _____
Email: _____

Work Term

Host Company Name: _____ Department: _____
Work site Address: _____ City: _____
Prefecture: _____ Postal Code: _____
Supervisors Name: _____ Title: _____
Supervisor's Email address _____
Supervisors Work Phone #: _____ Fax #: _____
Student's Work Phone #: _____ Student's Work email: _____
Work Term Start Date: _____ End Date: _____ Monthly Salary: _____

Note: Please keep a copy of this form for your records