



Learning Agreement

PREAMBLE:

I understand that signing this Learning Agreement will activate my registration in a co-operative education (co-op) work term.

I understand that once registered for my co-op work term that I am responsible for the tuition fees associated with the co-op work term.

This written agreement signifies that I accept the co-op position offered. This agreement signifies that I will continue to work unless released or transferred with the approval of the Co-op Office and/or academic department.

This agreement is between Mount Saint Vincent University and the student; it is not a contract of employment.

I, the undersigned, agree to work for the organization named below for my co-op work term, in accordance with the regulations of the co-op program outlined in the Mount Saint Vincent University Undergraduate Academic Calendar and Terms & Conditions for Co-op Students document. I understand that this agreement constitutes registration for the co-op work term, and that upon signing this agreement I will become liable for the co-op work term program fee.

STUDENT NAME: _____ STUDENT NUMBER: _____

EMPLOYER: _____

COURSE NUMBER: _____ SEMESTER: FALL WINTER SUMMER

EMPLOYER CONTACT INFORMATION: _____

Co-operative Education Coordinator's Signature

Student's Signature

Date

Date

For Office Use Only:

Gross Hourly Salary: _____

Dates of Employment: _____

Number of Weeks: _____

Position Code: _____

WHITE - Registrar's Office

YELLOW - Financial Services

PINK - Co-op Office File

GOLD - Student