Work Placement Application

**University of Lethbridge Applied Studies**

**Work Placement Application**

As part of the application process, please submit two forms: a Work Placement Application and an Academic Proposal Application.

This Work Placement Application must be approved by an Applied Studies Instructor before being sent to your employer for review.  Once all documents have been approved, an Applied Studies Instructor will register you for your course and provide confirmation.

Student's First Name

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Student’s Last Name

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Student’s ID Number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s University of Lethbridge Email

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Student’s Job Title

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Student’s Job Description

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Consulting Applied Studies Instructor

* Select the name of the Applied Studies Instructor that has been consulting you.

Work Supervisor’s Full Name

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Work Supervisor’s Work Title

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Work Supervisor’s Email

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Work Supervisor’s Phone Number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company Name

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Company Division (if applicable)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company Address

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Company City

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Company Province

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Company Postal Code

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Student Work Term

Students are required to complete a minimum of 120 hours over the 12-week semester for an Applied Studies course.

Work Placement start date:

When do you expect to **start** working for the company?  **If you do not have a start date at this time, choose the first day of the semester.**

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Work Placement end date:

When do you expect to **stop** working for this company? **If you do not have an end date at this time, choose the last day of the semester.**

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Estimated hours per week?

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Work schedule (days of the week to work)

* Monday
* Tuesday
* Wednesday
* Thursday
* Friday
* Saturday
* Sunday
* Flexible

I certify that the particulars furnished are true and complete in all respects, and that no information has been withheld. I understand that falsifying documents or information on this application will result in immediate permanent dismissal from the Applied Studies Program.

* I understand that any positions initiated by the University of Lethbridge Applied Studies Program will be registered as an Applied Studies course.
* I give permission for the University of Lethbridge Applied Studies office to give/receive information regarding grades, transcripts, and evaluations to/from the Fieldwork Supervisor and the Faculty Supervisor. I understand that the Applied Studies office will retain a copy of my academic transcript for my Applied Studies file.
* By submitting this application, you authorize the verification of the information provided on this form and agree to the terms set out in this form.
* Protection of Privacy – If the information contained in the above authorization is personal information governed by the Alberta Freedom of Information and Protection of Privacy Act, such personal information on this form is collected under the authorization of Section 33(c) of that Act and is protected under Part 2 of that Act.
* Such personal information will be used for the purpose of application to Applied Studies courses at the University of Lethbridge and for the purpose of managing the consent for disclosure of personal information process. Direct any questions about this collection to: Director, Governance (403) 329-2201.
* This form will be retained and disposed of in accordance with approved records retention and disposal schedules of the University of Lethbridge.

If you have any questions about this information, please do not hesitate to contact us at applied.studies@uleth.ca.

* I agree

Student Signature