

FACULTY OF MANAGEMENT

Co-operative Education and Internships



AH154 Anderson Hall
University of Lethbridge
4401 University Drive
Lethbridge AB, T1K 3M4

Phone: 403-380-1810 Fax: 403-329-2112
Email: mngt.coop@uleth.ca Web: www.uleth.ca/management/co-op

RELEASE FORM (OFFICE COPY)

Postings & Applications

1. I authorize the Management Co-op office to make my cover letters, resumes, GPA, and transcripts available to prospective employers as part of the co-op job application process.
2. I authorize the Management Co-op office to consult with co-op employers regarding the status of my co-op applications, interviews and/or offers.
3. Contents of the job board are restricted to co-op students who have been accepted into the program. I will not share co-op postings or job board information.
4. I will not misrepresent my experience or qualifications on my application documents.

Interviews

5. If I am contacted by an employer for an interview, I will contact the co-op office immediately to report the date and time of the interview.
6. I understand that the Management Co-op office does not expect me to miss classes for interviews.
7. **Missed interviews:** I will attend all co-op interviews granted to me. If I anticipate missing an interview for just cause I will inform the Co-op Office and/or the employer immediately so other arrangements can be made.
8. **Declining an Interview:** If I have already accepted a position, I will decline subsequent interviews to allow other co-op students to have the opportunity to interview. If, as a result of information learned during the interview, the position is not of interest, I will immediately contact the co-op office and withdraw as a candidate.

Offers

9. If I am contacted by an employer directly with an offer, I will contact the co-op office to let them know immediately.
10. If I receive an offer from an employer, I will make my decision by the date that is specified in the offer or within two (2) business days, if no date is specified.
11. **Accepting an Employer Offer:** Once I have accepted a position with an employer (either verbally, through the co-op office, via email or otherwise), I will uphold this commitment. I will let the co-op office know immediately when an offer has been accepted
12. **Declining an Employer Offer:** If I decline an employer offer, I will contact the co-op office to let them know the reason for declining.

Course Enrollment / Tuition

13. If I apply to a co-op position or a job posted by the co-op office and I am subsequently hired for a position with the organization, the Co-op Office will register me in the appropriate course(s) for the duration of the co-op employment and I will pay the course tuition as set out in the current University of Lethbridge calendar.
14. I understand that Management 3002 (Work Experience I), Management 3003 (Work Experience II), Management 3004 (Work Experience III), Management 3005 (Work Experience IV), Management 3008 (Work Experience V) or Management 3009 (Work Experience VI) are professional development courses, graded on a pass/fail basis, and are not be used to fulfill any academic component associated with my degree requirements.

Work Terms

15. I understand that I may decline a co-operative education employment opportunity after I have accepted it, or discontinue such employment once I have commenced it under the following conditions, for which a withdrawal or withdrawal with cause may be sought:
 - a. I become incapacitated by reason of illness, injury or bereavement to the extent that I cannot fulfill the requirements of good work performance.
 - b. If the position to which I am assigned places me in imminent danger as defined by the Alberta Occupational Health and Safety Act or similar acts in other provinces.
 - c. If the position to which I am assigned is significantly different than that for which I was hired *and* if the new assignment does not meet the standards for a co-operative education work term as determined by the Management Co-op office.
16. If I decline to take up or discontinue employment on any other grounds than those stipulated above, I understand that no withdrawal with cause may be sought.
17. I will report any concerns or changes in work term circumstances (including extensions) immediately to my Co-op Coordinator.
18. I understand that extensions to the originally stipulated period of co-operative education employment shall be treated as additional Management Co-op work terms and subject to the same terms and conditions as the original employment period under the following circumstances:
 - a. That the term "extension" shall mean the immediate continuation of employment after the conclusion of the originally stated employment period, or employment at a later date resulting from recall by the same employer before I have completed the last required course in my degree.
 - b. Where the position I occupy as an immediate continuation or recall is full-time, in the same discipline as the original position and meets the standards for a co-operative education work term as determined by the Management Co-op office.

By affixing my signature below, I attest that I have read and understood the contents of this agreement.

Name (please print) _____

Date _____

Student Signature _____