

## 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 #: \_\_\_\_\_ SKYPE: \_\_\_\_\_

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**