



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 #: _____

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