



Co-op Programs Office

Brock University  
Co-op Programs Office  
500 Glenridge Avenue, MC A-324  
St. Catharines, Ontario  
L0S 1P0

**WORK SITE VISIT CONFIRMATION FORM**

Student name: \_\_\_\_\_

Student number: \_\_\_\_\_

Work term employer: \_\_\_\_\_

Work term email: \_\_\_\_\_

Work term telephone: \_\_\_\_\_

Work term supervisor: \_\_\_\_\_

Supervisor email: \_\_\_\_\_

Current work term placement start date: \_\_\_\_\_

Current work term placement end date: \_\_\_\_\_

Number of work terms student has completed (including the current work term): \_\_\_\_\_

**\* Work term address** \_\_\_\_\_  
**and any special travel** \_\_\_\_\_  
**or arrival instructions** \_\_\_\_\_  
\_\_\_\_\_

Comments (if any):

Date: \_\_\_\_\_

Student's Signature \_\_\_\_\_