

**University of Victoria
Engineering & Computer Science/Math Co-op
Work Term Report
Term (Spring/Summer/Fall) Year**

Title of Report

**Company Name
Division Name
City, Province, Country**

**Student Name
Student Number
Work Term Number
Student Academic Discipline
Student @uvic email address
Date**

In partial fulfillment of the academic requirements of this co-op term

Supervisor's Approval: To be completed by Co-op Employer

This report will be handled by UVic Co-op staff and will be read by one assigned report marker who may be a co-op staff member within the Engineering and Computer Science/Math Co-operative Education Program, or a UVic faculty member or teaching assistant. The report will be either returned to the student or, subject to the student's right to appeal a grade, held for one year after which it will be destroyed.

I approve the release of this report to the University of Victoria for evaluation purposes only.

Signature: _____ Position: _____ Date: _____

Name (print): _____ E-Mail: _____

For (Company Name)_____