

FOR OFFICE USE ONLY							
Course Code	2EC0 <input type="checkbox"/>	2EE0 <input type="checkbox"/>	3EE0 <input type="checkbox"/>	4EE0 <input type="checkbox"/>	2ET0 <input type="checkbox"/>	3ET0 <input type="checkbox"/>	ENG -702-GRAD <input type="checkbox"/>
Term/Fees							
Holds	YES/NO		Co-op Work Permit Expiry				

McMaster Engineering – Co-op Confirmation Form

Congratulations! If you have received a job offer from an employer, you are required to **submit this form within 5 days of accepting your offer** in order to have your co-op experience finalized. To finalize this offer, please:

- Fill out the form in full, read the conditions listed on the bottom of this page and sign the form
- Email: (1) form, (2) signed offer letter, and (3) job description back to engcoop@mcmaster.ca. **A job description is not required if an OscarPlus Job ID is identified below.**

If you accept an offer and submit this form for verification, the **decision is final**.

Is this an extension of your current verified co-op work experience? YES ☐ NO ☒

Original End Date:

Extension End Date:

Student First/Last Name:	Promish Kandel		
McMaster Email:	Kandep1@mcasmaster.ca	Phone Number:	416-804-7673
Student Number:	400310789	Program & Level:	3

OscarPlus Job ID (if applicable):	N/A	Job Title:	Solutions QA
Organization Name:	JSI Telecom	Start Date & Work Term Duration:	May 1 st , 4 months
Employer Address (city, province, postal code):	Kanata, ON, K2M 1X3	Salary (include hrs/week):	37.5 hours/week
Student Work Address (if different than above):	Hamilton, ON, L8S1L8	Employer website:	https://www.jsitelecom.com/

Supervisor Name:	Andra Folks	Supervisor contact email:	afolks@jsitelecom.com
Company Contact Name (if different than above):	TBA	Company contact email (if different than above):	TBA

Ontario Tax Credit Information:	Eligible employers in Ontario will be sent an official Tax Credit Letter to the email/address listed below		
Contact Name:	Kanika Sharma	Contact Email:	hr@jsitelecom.com
Full mailing address:	99 Michael Cowpland Drive, Kanata, ON K2M 1X3		

By accepting and submitting this verification form, I agree to the following conditions:

1. I confirm that I am registered as a full-time student before I begin working, and will return as a full-time student after co-op (min. 9 units) in my current program plan to fulfil graduation requirements. In accepting this offer, I confirm that I am in good academic standing and have paid all outstanding fees on my account.
2. I recognize that part-time employment is strongly discouraged and that it is likely that I will have to suspend any part-time employment for the duration of my Co-op work term.
3. I acknowledge that I will NOT be permitted to resume academic studies in Engineering until the end of my co-op work term. Upon my request, the ECCS Manager may permit me to register in one McMaster course per semester with the approval of my employer.
4. I agree to complete all procedural requirements of the Engineering Co-op program including: providing and updating contact information, arranging and participating in work-site visits, completing all required evaluations and delivering my end-of-work term report or presentation to Engineering Co-op & Career Services at the specified due date.
5. I understand the co-op course code will be added at the beginning of each work term (January/May/September) to my student record. Each course code added represents 4 months of co-op work experience. When the course code is added, the co-op fee will be charged directly to my student account, if applicable. *Late approvals of co-op work terms, or payments of fees may result in late payment/interest charges.*
6. Should the co-op work term duration be modified (extended, shortened, or terminated), I agree to notify the ECCS office immediately. For extensions, a new contract must be submitted and I agree to pay the additional co-op fees.
7. I agree to follow the McMaster University Student Code of Conduct <http://www.mcmaster.ca/univsec/policy/StudentCode.pdf>, and will as well demonstrate high standards of workplace professionalism and ethics as befitting a representative of McMaster University's Faculty of Engineering.
8. I will comply with all applicable workplace legislation including that covering workplace safety. I will comply with all policies and procedures of my employer, including those covering workplace safety, confidentiality and intellectual property, employer-provided devices e.g., phone, computers, etc.
9. I understand that an unsatisfactory evaluation could result in my termination from both the Co-op work term and the Engineering Co-op program.
10. Under no circumstances will I institute or authorize legal action against this employer without obtaining prior approval from Engineering Co-op & Career Services. I understand that such approval will not be unreasonably withheld.

Student Signature: 

Date: 2023-03-31

The information gathered on this form is collected under the authority of the *McMaster University Act, 1976*. The information is used for the academic, administrative, financial and statistical purposes of the University including, but not limited to, admissions; registration and maintaining records; awards and scholarships; convocation; provision of student services, including access to information systems; alumni relations; and disclosure to or on behalf of the applicable McMaster student government. This information is protected and is being collected pursuant to section 39(2) and section 42 of the *Freedom of Information and Protection of Privacy Act of Ontario (RSO 1990)*. Questions regarding the collection or use of this personal information should be directed to the University Registrar, University Hall, Room 209, McMaster University.