**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](mailto: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:

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| **Student First/Last Name:** | Alexander Bartella | | |
| **McMaster Email:** | bartella@mcmaster.ca | **Phone Number:** | 4163126413 |
| **Student Number:** | 400308868 | **Program & Level:** | Mechatronics II |

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| **OscarPlus Job ID (if applicable):** | N/A | **Job Title:** | Engineering Intern |
| **Organization Name:** | Mircom Technologies Ltd. | **Start Date & Work Term Duration:** | May 16th, 4 Months |
| **Employer Address (city, province, postal code):** | 25 Interchange Way, Concord, ON L4K 5W3 | **Salary (include hrs/week):** | $16/hr, 40 hrs/week |
| **Student Work Address**  **(if different than above):** | Click or tap here to enter text. | **Employer website:** | https://mircom.com/ |

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| **Supervisor Name:** | Jason Falbo | **Supervisor contact email:** | JFalbo@mircomgroup.com |
| **Company Contact Name**  **(if different than above):** | Click or tap here to enter text. | **Company contact email (if different than above):** | Click or tap here to enter text. |

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| **Ontario Tax Credit Information:** | Eligible employers in Ontario will be sent an official Tax Credit Letter to the email/address listed below | | |
| **Contact Name:** | Mariam Ishmael | **Contact Email:** | mishmael@mircomgroup.com |
| **Full mailing address:** | 25 Interchange Way, Concord, ON L4K 5W3 | | |

**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:** 2022 – 03 - 11

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.