



ASIP Student Work Term Acceptance and Agreement Form (2022-2023)

Student Information	
First Name:	Last Name:
Student Number:	ASIP Stream:
U of T E-mail:	Phone #:

Student's Emergency Contact	
Full name:	Relationship:
Phone #:	E-mail:

Work Term Details	
Company Name:	
Supervisor First Name:	Supervisor Last Name:
Supervisor Job Title:	
Supervisor Phone #:	Supervisor E-mail:
Job Source:	ECC Career Portal (ECC Career Portal Job ID #):
CSM Job board	Independent
Student Job Title:	
Work Term #: 1 2	Work Term Duration: Start Date: End Date:
Remuneration (\$/hour) or salary:	Hours per Week:
Working Arrangement:	On-site Remote Hybrid (Combination of on-site & remote)
Work Location (Full Address):	
Workplace Safety Insurance Board (WSIB) or equivalent provided for the student: Yes No Don't know	

WORK TERM AGREEMENT:

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

Students Agreement:

- I confirm that I am registered as a full-time student and will return as a full-time student after completing my work term.
- I will commit to the contractual agreement with the employer and understand that leaving a work term without approval or any professional misconduct could result in receiving an NCR for the work term and being removed from ASIP.
- I will complete all work tasks with integrity and maintain regular communication with my work term supervisor regarding the status of projects and emerging issues and concerns.
- I will inform my ASIP Coordinator in the event of any work-related issues and concerns.
- I will participate in in-person or virtual site visits with a representative from the ASIP office (to be scheduled).
- I agree to complete all work term requirements and activities as specified by the ASIP office, such as work term evaluations and assignments.
- I agree to follow the University of Toronto's [Student Code of Conduct](#)
- I have reviewed and understand the policies and guidelines stated in the ASIP Student Handbook.

By checking this box, I confirm that I understand and accept the terms and conditions listed above

Student Signature: Naihe Xiao



Date (mm/dd/yyyy): _____