

COWT 51075 in Clinical Research and Regulatory Affairs Graduate Certificate Programs Co-op Completion Form

Instructions: Please complete the information below for the co-op student upon the completion of the co-op term (360-hour minimum), provide a rating based on the student's performance, and e-mail the completed form to the placement co-ordinator.

Company/Institution Name: _____

Department: _____

Supervisor Name: _____

Co-op Student Name: _____

Co-op Term Dates: ☐ **Spring/Summer** ☐ **Winter**

Co-op Contract Duration: ☐ 360h ☐ 4-6 months ☐ 6-9 months ☐ 12 months or over

☐ I attest that the co-op student named above has completed 360-hours of co-op in our organization/department on _____ (dd/mm/yy)

Co-op Course Learning Outcomes – COWT 51075: Co-op Student Rating				
Skills	Description	Rating		
		Does Not Meet Expectations	Meets Expectations	Exceeds Expectations
Communication	The learner demonstrates an understanding of effective communication, including the written, spoken, visual forms that fulfills the purpose and meets the needs in a professional setting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Analytical	The learner demonstrates research and project planning in a professional environment including scope, quality, time, cost, risk, procurement, human resources, and stakeholder engagement in a professional setting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Regulatory and/or QA/QC	The learner applies relevant regulatory or ethical procedures to support REB, Health Canada or FDA submissions in a professional setting or any other related documentation practices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments and Feedback:

Name: _____

Signature: _____

Date: _____

☐ Completed form was received by field placement co-ordinator

Date received and approved: _____ (mm/dd/yy)