

to Work Integrated Learning Agreement with:

NOTICE OF PLACEMENT

Program:	Course Name and Number:
Student's Name:	Program Supervisor:

Placement Location:	
Company Name:	Placement Start Date:
Address:	Placement End Date:
Postal Code:	Term of Placement:

Agency Supervisor:
Name:
Title:
Phone Number:
Email:
Applicable Course Learning Outcomes:
Supervision and Evaluation Requirements: