

**INTERNATIONAL OR CANADA (OUTSIDE QUEBEC) WORK TERM APPROVAL FORM**

Please submit this form for approval at [SSDP.Stages.hors.Quebec@USherbrooke.ca](mailto:SSDP.Stages.hors.Quebec@USherbrooke.ca)

<b>Name</b>			
<b>E-mail (@USherbrooke.ca)</b>			
<b>Program</b>			
<b>Work Term Level</b>	<input type="checkbox"/> W-0	<input type="checkbox"/> W-1	<input type="checkbox"/> W-2 <input type="checkbox"/> W-3 <input type="checkbox"/> W-4 <input type="checkbox"/> W-5
<b>Work Term</b>	<input type="checkbox"/> Winter	<input type="checkbox"/> Summer	<input type="checkbox"/> Autumn
<b>Permanent Address</b> (For official and legal documents, ex.: visa)			
<b>Place of Birth</b>			
<b>Organization Name</b>			
<b>Work Term Address</b> (Full address, including postal code)			
<b>Supervisor</b> Name : Title : Telephone : Cellphone : E-mail :		<b>Hiring Manager (if different)</b> Name : Title : Telephone : Cellphone : E-mail :	
<b>Job Description</b> (If short of space, please enclose description as an appendix)			
<input type="checkbox"/> Stipend: <input type="checkbox"/> International Transportation: <i>(plane, boat, train tickets)</i>			
<input type="checkbox"/> Gratuity: <input type="checkbox"/> Public transit: <i>(bus, subway, etc.)</i>			
<input type="checkbox"/> Monthly Wage: <input type="checkbox"/> Food:			
<input type="checkbox"/> Housing:			
<input type="checkbox"/> Other advantages, specify:			
<b>Remote Work</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially			
<b>Work Term Start Date</b>	__ / __ / ____ DD / MM / YYYY	<b>Worked Hours per Week</b> (minimum of 35 hours)	_____ h/week
<b>Work Term End Date</b>	__ / __ / ____ DD / MM / YYYY	<b>Work Term Duration</b> (normally 15 weeks, 12 weeks minimum)	__ weeks

**EMPLOYER'S OBLIGATION**

By approving this form, your organization commits to respect the work term criteria:

- offer a work term related to the field of study of your co-op student;
- offer a full-time work term (usually 35 hours per week);
- offer a work term that respects the length criteria (usually 15 weeks, minimum of 12 weeks);
- offer a work term that is supervised.

Your organization also commits to:

- offer a work term that matches the content of this form;
- ensure a healthy recruitment process, free of discrimination and harassment;
- promote a healthy and professional working environment, free of discrimination, harassment, and all forms of sexual violence, and take reasonable steps to prevent such behavior and act promptly to address and stop it;
- comply with laws protecting interns/trainees in the workplace and other labour standards;
- take the necessary measures to protect the health and ensure the safety and integrity, both physical and mental, of your co-op student and provide the Université with information on this subject when required.

**STUDENT'S OBLIGATION**

En approuvant ce formulaire, vous autorisez le Service des stages et du développement professionnel à transmettre à votre employeur votre dossier étudiant et tout autre renseignement nécessaire à la réalisation de votre stage.

Vous vous engagez à acquitter les frais d'inscription reliés au régime coopératif ou à l'apprentissage en milieu de travail et à respecter l'ensemble des procédures du Service des stages et du développement professionnel et des obligations et articles énumérés dans le [Règlement des études relatif aux stages coopératifs](#).

**Signatures** *(an e-mail can be used as proof of signature)*

Hiring responsible : \_\_\_\_\_ Date : \_\_\_\_\_

Student : \_\_\_\_\_ Date : \_\_\_\_\_

SDDP : \_\_\_\_\_ Date : \_\_\_\_\_