



Co-operative Education

CO-OP Post Employment Questionnaire

Surname: _____ Name: _____ Student No.: _____

Address: No & Street _____ City _____ Prov. _____ Postal Code _____ Tel. No. _____

Program of Study: _____ Work Term: _____ 1 2 3
(I.e. 01W)

Name of Employer _____ Name of Supervisor _____

Address _____ City _____ Prov. _____ Postal Code _____

Job Title: _____

Duties: _____

Length of Work Term (Weeks) _____ Salary/hr: _____

- Was your Co-op position satisfactory? Yes No
- Would you be willing to return to the same employer? Yes No
- Did you discuss a Co-op Job for the next work term? Yes No
- Did the employer make you a firm job offer Yes No
- Did you accept the job offer? Yes No
- Have completed your "Re-employment" form? Yes No N/A
- To what degree was your work term relevant to your program of study? Extremely Very Not at all
- To what degree did your program of study prepare you for your work term? Very high High Low Not at all

COMMENTS AND SUGGESTIONS (Concerning the Employer, Co-op Program etc.)

Date

Student Signature