

INTERNATIONAL COOP
Before You Start Form

It is required that all students participating in an SFU Int

ne this form.

STUDENT INFORMATION	
Student Name:	
Student Number:	
Phone #:	
Home Address: (City, Prov/State, Zip/Postal Code)	
E-mail:	42J <</MCI

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If you are working in -person, have you followed up with your employer regarding their COVID-19 Safety Precautions?
SFU students who are working in-person for their work term are required to read through the COVID-19 Safety Precautions in Module 3.

Please initial here _____ to indicate you have read through and comprehend the COVID