
~~Student Information~~

First Name: _____ Last Name: _____

Student Number: _____ Email: _____ Cell#: _____

Semester(s): Spring Summer Fall Work Term ~~Year~~(s): _____

Organization Name: _____

Address: _____

City: _____

International Co-op: Is this an international Co-op position? Yes No If "yes," complete box below.

1. It is the employer's responsibility to check work permit requirements and health insurance requirements for each country to which you are traveling. Requirements vary by country.	
Have you checked the requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Destination country: _____	Approximate departure date from Canada: _____
2. Visit the Department of Foreign Affairs and International Trade (DFAIT) Travel Reports and Warnings page at www.dfa.gc.ca/countries/pays/menu_nfr_nweng.asp and indicate the corresponding "Warnings and Recommendations" for your destination country:	
Exercise normal security precautions.	Exercise high degree of caution
Avoid non-essential travel.	Avoid all travel