

CA School of Business - Student & Support Services

301, 1253 91 Street SW

Edmonton, AB T6X 1E9

Tel: 780 420.2350 Fax: 780 424.8041 Toll Free: 1 866 420.2350

www.casb.com

CO-OP/SUMMER STUDENT EMPLOYMENT STATUS UPDATE

Please email completed and signed form to CASB at generalregistrations@casb.com

This form is to be completed when a currently registered co-op/summer student restarts or changes CA Training Office employment. **Students should ensure that a Confirmation of Practical Experience form is submitted from their previous employer. Please ensure that half-year student dues are paid for each work term.**

Student Name: _____ **Student #:** _____
(Print) First Middle Last

Home Information:

Street Address: _____

City: _____

Province: _____

Postal Code: _____

Phone Number: _____

Cell Phone Number: _____

Home Email: _____

CA Training Office Information - Current Work Term:

Employer: _____

Department: _____

Street Address: _____

City: _____

Province: _____

Postal Code: _____

Office Phone Number: _____

Direct Line: _____

Business Email: _____

Preferred Mailing Address: Home Business

Preferred Email Address: Home Business

Signature of Student: _____

Date: _____

Co-op/Summer Work Term(s) Record:

Current Work Term

Start Date: _____ End Date: _____ Employer: _____ City: _____

Previous Work Terms

Start Date: _____ End Date: _____ Employer: _____ City: _____

Start Date: _____ End Date: _____ Employer: _____ City: _____

Start Date: _____ End Date: _____ Employer: _____ City: _____

Start Date: _____ End Date: _____ Employer: _____ City: _____

The purpose of this form is to track the student through the co-op program or undergraduate degree program with summer employment. It is not meant to verify practical experience obtained.

To receive practical experience credit for all work terms with CA Training Offices, the office must submit a **Confirmation of Practical Experience** form for each work term. Students are required to pay half-year annual dues for each work term completed. Each student will be invoiced in the annual dues process at the end of March each year and should make the necessary payments for the fiscal year.

The Confirmation of Practical Experience form is to be completed either at the end of the student's practical experience period or if the student leaves the employ of the training office and is not returning for re-employment.

TO BE COMPLETED BY TRAINING PRINCIPAL OF THE CA TRAINING OFFICE

I certify this applicant for the purpose of continuing admission in the CA School of Business, and as part of that sponsorship undertake to employ the applicant full-time/part-time (**circle one**) in my training office:

- a) Commencing _____, or
mm / dd / yy

- b) Subject to an unconditional offer of employment in the training office, said employment to commence on a full-time/part-time (**circle one**) basis commencing on _____.
mm / dd / yy

I recommend the above named student as being of good moral character to be registered by CASB as a student. I assume responsibility for providing the student with the opportunity to participate in our CA Training Program, which is approved by the Institute of Chartered Accountants of _____, and for providing the student with appropriate supervision, as long as their performance is satisfactory and their services are required in accordance with the Bylaws and Regulations of the Institute of Chartered Accountants of _____.

Signature of Training Principal

Date

Name (Please Print)

Title (Please Print)

Protection of Privacy – Every effort is made to protect personal information. The personal information requested on this form is collected under applicable federal and provincial legislation and the CA School of Business' policies and guidelines on data management, data access and data use. Information collected relates directly to and is necessary to meet CASB's mandate and responsibilities. It may be used for: admission, registration, academic evaluation, income tax receipts, student dues, convocation, distribution of educational material and information, statistics, research and other operational activities. Direct any questions about data collection and use to: Director, General Registrations, 301, 1253 91 Street SW, Edmonton, AB, T6X 1E9, email – generalregistrations@casb.com, phone – 1 866 420 2350 or local - 780 420 2350.