

## WORK-INTEGRATED LEARNING APPROVAL FORM

Please read this form carefully and refer to the **checklist** before completing and submitting your Work-Integrated Learning (WIL) Approval Form. Note that this form is to be completed by the student, not the host employer.

Failure to fill out the WIL Approval Form according to instructions may result in a further delay in starting your field experience. Students may not begin their field experience until they have received confirmation of approval. Formal approval is required prior to accumulating hours for academic credit - any hours completed prior to approval will not be considered.

Please expect 3-5 business days for submissions to be reviewed and to receive a response - submitting this form does <u>not</u> mean automatic approval. Upon approval, the WIL Department will confirm the experience with the host employer and request their signature. Your supervisor <u>should not</u> be signing your form prior to your submission for approval.

Student Information							
Name:		Program:	Humber N#:				
Email:		Phone:					
Address (local):							
Domestic Student?	□ YES □ NO						
How did you find	undiable services of the servi						
this job posting?	☐ Faculty or Alumni Referral: ☐ Career Centre/Humber CareerConnect Portal						
	☐ Student direct job search/networking						
	☐ Student works for company (or has in the past)						
	☐ Other (please specify):						
Host Employer	Information						
Company Name:		Department:					
Employer Address:							
City, Province:		Postal Code:					
Employer Website:							
Supervisor Name:		Job Title:					
Phone Number:		Email Address:					
LinkedIn Profile:							
Company							
Description:							

<sup>\*</sup>Note: Student requires a supervisor with relevant qualifications. Supervisors cannot be a student's family/relative, faculty, a current Humber student, or Humber alumni who has graduated within the last 3 years.



Employment Terr	ms				
Student Job Title:					
Hours per week:	(Anticipated) Start Date	e:	(An	nticipated) End Date:	
*Note: End date should	correspond with the completion of your	required	hours <b>and</b> shoul	d not exceed the sem	ester end date.
Where will you be work	xing? ☐ IN-OFFICE ☐ HYBRID ☐	REMOTE			
Renumeration:   PAI	ID □ UNPAID *If paid, what is your h	ourly wa	ge?		
If the experience is unpaid, will you receive any other form of compensation? (e.g., transportation, honorarium, etc.)		□ YES *If YES, e	□ NO		
		11 123, 6	хріант.		
Will your work require t	travel outside of the province of <b>Ontario</b> ?	*If YES, e	□ NO  xplain <b>and</b> conta	act <i>Manager, Internati</i> Blackboard	ional Initiatives:
		300 <b>30</b> 11	tuer Detund on b	indicated a	
Will you need to provide tools?	e your own hardware/software or other	☐ YES *If YES, e	□ NO xplain:		



Proposed Job Duties		
Job Duties/Responsibilities:		
Qualifications Required of Studer	: :	
*Note: Please attach a copy of th	formal job description.	
C+  + A +		
Student Agreement		
I understand and agree that show regardless of subsequent job offer	d I accept employment with this organization, I will honour my commitment to this employer is, and I agree to follow all practices, policies, and procedures of my employer. I agree that my to the Faculty related to my work term and performance.	
I understand and agree that show regardless of subsequent job offer	s, and I agree to follow all practices, policies, and procedures of my employer. I agree that my	
I understand and agree that shou regardless of subsequent job offe employer may release information	rs, and I agree to follow all practices, policies, and procedures of my employer. I agree that my to the Faculty related to my work term and performance.	
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I understand and agree that shouregardless of subsequent job offeemployer may release information.  Student Signature:  For WIL Office Use Only	eviewed and evaluated as a suitable learning opportunity and meets the necessary Program	
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I understand and agree that shouregardless of subsequent job offeemployer may release information.  Student Signature:  For WIL Office Use Only  This field experience has been Learning Outcomes for the student Administrator Signature:	eviewed and evaluated as a suitable learning opportunity and meets the necessary Program ent.  Date:  Date:	
I understand and agree that shour egardless of subsequent job offeemployer may release information.  Student Signature:  For WIL Office Use Only  This field experience has been Learning Outcomes for the student administrator Signature:  Host Employer Agreemed Upon hiring the above student business conditions allow and/study; an orientation to their desired to subsequent to subs	eviewed and evaluated as a suitable learning opportunity and meets the necessary Program lent.  Date:  Date	