



## Learning Contract

Student Name: \_\_\_\_\_ Student Number: \_\_\_\_\_

Program: \_\_\_\_\_ Campus: \_\_\_\_\_

Work Term #: \_\_\_\_\_

Work period begins: \_\_\_\_\_ Work period ends: \_\_\_\_\_

What is your salary? \_\_\_\_\_  Monthly  Bi-Weekly  Weekly

Were you responsible for your own relocation expenses?  Yes  No  N/A

Work term employer: \_\_\_\_\_

Supervisor's name: \_\_\_\_\_

Your work term telephone number: \_\_\_\_\_

Your work term fax number: \_\_\_\_\_

Your email address: \_\_\_\_\_

Your supervisor's telephone number: \_\_\_\_\_

Your supervisor's email address: \_\_\_\_\_

**Please answer the following questions on a separate sheet and attach to this form. This contract is your responsibility (not your supervisor's). Please submit one week after your placement has begun.**

- 1. Job Description:** (Describe in as much detail as possible your role and responsibilities while on your work term.)
- 2. Learning Objectives:** (Be specific about what you intend to learn through this experience.)
- 3. Learning Activities:** (How will your work term activities enable you to meet your learning objectives?)

*This contract may be terminated or amended by the student, faculty sponsor, or work term supervisor at any time upon notice, which is received and agreed to by the other two parties.*

*College of the North Atlantic is an educational body of the Government of Newfoundland and Labrador, and is therefore subject to the Access to Information and Protection of Privacy Act, 2015 (ATIPPA). Student Services is collecting your personal information to verify program objectives are met and to update your academic record. It will only be used for this purpose. Personal information will only be disclosed as required to do so by law. This personal information is collected under the authority of the College Act 1996 (SNL1995, Chapter C-22.1). Collected personal information will be stored in accordance with our normal network and information security measures. For further information about the collection and use of this information please contact the Associate Vice-President of Student Services at 709-643-7835. For more information about the ATIPPA please visit [www.cna.nl.ca/about/atippa.asp](http://www.cna.nl.ca/about/atippa.asp).*

*I have read and understand the Privacy Statement above and consent to the collection and use of this personal information.*

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Development Officer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_