



## Work Term Report Extension

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

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

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

Work Period Begins: \_\_\_\_\_ Work Period Ends: \_\_\_\_\_

Work Term Employer: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Your Work Term Telephone Number: \_\_\_\_\_

Your Work Term Fax Number: \_\_\_\_\_

Your E-mail Address: \_\_\_\_\_

Your Supervisor's Telephone Number: \_\_\_\_\_

Your Supervisor's E-mail Address: \_\_\_\_\_

**Please provide full details of extension request including work restrictions, proposed submission date and other pertinent details.**

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*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 Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Student Development Officer Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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

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