



**Computer Science Co-operative Education**

**Employer Authorization and Release of Work Term Reports**

This page should be completed at the end of each work term - in December for the fall term, April for the winter term and August for the summer term.

**Date Due:**

**Work Term:**

**Student's Name:**

**Student's Degree Program:**

**Employer Organization:**

**Direct Supervisor's Name:**

**Direct Supervisor's email:**

**1. The Co-op Student Work Term Evaluation has been completed and I have reviewed it with my student.**

- Yes
- No

**2. The student's work placement has been**

- Satisfactory
- Unsatisfactory

If you have selected Unsatisfactory please contact the Co-op Office immediately at (705)675-1151 x 2317 or [coop@cs.laurentian](mailto:coop@cs.laurentian)

**3. Work Term Report Release Authorization**

- Report Released: I have read the work term report and agree to allow the release of information to Laurentian University.
- Report Proprietary: I have read the report and find it to be proprietary in nature. The report can be released upon non disclosure of confidential information.

**4. Evaluator's Comments** (Comments regarding the technical content and written communications aspects of the report, and whether the report is a reasonable reflection of the student's work experience.)

Please indicate by your signature that the report has been reviewed.

---

Signature of Supervisor

Date

---

Name (please print)