

CO-OP/SUMMER STUDENT EMPLOYMENT STATUS UPDATE

Use this form to track your work terms or to tell us about changes to your CA Training Office employment if you are a registered co-op or summer student. To receive credit for your term, your employer must submit a Confirmation of Practical Experience Certificate and you must pay applicable dues for each work term. See Section 5 for additional information on student fees.

EMAIL the completed form to generalregistrations@casb.com or MAIL it to CA School of Business Student & Support Services/301, 1253 91 Street SW/Edmonton, AB/T6X 1E9. Ensure you and your employer sign the last page.

PRINT in capital letters or CLICK in the box to type.

1 Personal Information			
Student name			CASB student number
First	Middle	Last	
Home Information			
Street address		City	
Province	Postal code	Personal email	
Home phone number		Cell phone number	

2 CA Training Office information - current work term		
Employer name	Employer street address	
Employer city	Employer province	Employer postal code
Direct phone number	Business email	
Communication Preferences		
CASB uses email to communicate with you whenever possible. Please provide reliable email addresses that you check frequently.		
Preferred email address:	<input type="checkbox"/> Personal	<input type="checkbox"/> Business
Preferred mailing address:	<input type="checkbox"/> Home	<input type="checkbox"/> Employer

3 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

4 Employer Sponsorship

To be completed by Training Principal of the CA Training Office.

I sponsor 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 office:

- a) Starting _____(mm/dd/yyyy) OR
- b) Subject to an unconditional offer of employment in the office, said employment to commence on a full-time/part-time (**circle one**) basis starting _____(mm/dd/yyyy)

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 _____.

Training Principal name (please print)	Training Principal signature
Title (please print)	Date

5 Student fees

If you are a co-op or summer student, you are required to pay applicable annual dues for each work term you complete. You will be invoiced in April each year for the next academic year's fees.

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, communication with your employer, distribution of educational material and information, statistics, research and other operational activities. Direct any questions about data collection and use to: Director, Student Services, 301, 1253 91 Street SW/Edmonton, AB/T6X 1E9, email – generalregistrations@casb.com, phone – 1 866 420.2350 or local - 780 420.2350.