
Management Sciences Graduate Studies

Cooperative Education Work Report Confidentiality Agreement Form

Use this form to restrict access for a cooperative education work report that contains sensitive or confidential material, to the faculty/staff member listed below.

Effective Date: _____ (work report submission date)

Employer

Employer Name & Address: _____

Employment Supervisor: _____ (please print) _____

Position: _____

Signature of supervisor: _____

Phone/Email of supervisor: _____

Work Report

Work report title: _____

Name of student submitting work report: _____ UW student ID: _____

Work report confidentiality

The Management Sciences Department and the faculty/staff member responsible for grading the work report agree to maintain the confidentiality of the above-named report for a period of not less than three years from the date of grading. No copies of the report will be made. The report will be read only by the faculty/staff member named below. The report will be kept in a locked office until returned to the student.

Signed: _____ Date: _____

Name (print): _____

Position: _____

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