WORK REPORT CONFIDENTIALITY AGREEMENT

FORM 1

EMPLOYER REQUEST:

Date: ____________________

The employer considers the information in the following work report to be sensitive or proprietary and requests that the University of Waterloo treat the report as CONFIDENTIAL.

Employer: ________________________________

Address: ________________________________

The employer requests that the report be evaluated, in confidence, by only one faculty member. The work report will be returned to the student once it has been marked.

Signed (student’s supervisor): ________________ Printed Name: ________________

Title: ________________________________ Phone Number: ________________

REPORT & STUDENT DATA:

Work Report Title: ________________________________

Report Dated: __________________

Prepared by: ________________________ UW ID # ________________________

(student’s name)

UNIVERSITY CONFIDENTIALITY AGREEMENT:

The Mechanical & Mechatronics Engineering Department and the faculty member responsible for grading the 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 member named below. A suitable faculty member will be chosen solely on the basis of the report title. The report will be kept in a locked office until returned to the student.

Signed: ________________________________

Date: ________________________________

Signed: ________________________________

Date: ________________________________

Prof. Michael Collins
Associate Chair, Undergraduate Studies
MME Department
University of Waterloo
Waterloo, Ontario N2L 3G1

Name (print): ________________________________

Professor
MME Department
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