

# Co-Op Job Approval Form

UCSI Education Sdn. Bhd. (185479-U)  
Kindly complete sign and submit this Form to the Co-op Coordinator/HoD/HoP  
BEFORE commencement of Co-Op Term



## STUDENT SECTION (All particular must be fully completed by student)

Student No	Full Name <small>(underline surname)</small>	Programme Enrolled	Year	Co-Op Term (i.e. KP Level)
Telephone No	Email Address			

Company Name: \_\_\_\_\_

Department: \_\_\_\_\_ Immediate Supervisor: \_\_\_\_\_

Telephone No: \_\_\_\_\_ Facsimile No: \_\_\_\_\_ Email: \_\_\_\_\_

Office Address: \_\_\_\_\_

\_\_\_\_\_  
(state/province)

\_\_\_\_\_  
(post code, city)

\_\_\_\_\_  
(country)

### Reason(s) For Co-op Job Selected

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### Student Declaration

By completing and submitting this Form, I declare that I have obtained my own Co-Op job and attach my employer's Letter of Appointment duly signed by myself as proof of employment. I hereby instruct the Faculty not to find me a Co-op Job for the above Co-Op Term.

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## SCHOOL/CENTRE SECTION (Please obtain Co-op Coordinator approval)

	Checklist For Full Approval <small>(Please initial in appropriate column)</small>	Verified by Co-op Coordinator/HoD/HoP
1.	Above student section fully completed	
2.	Letter of Appointment from Co-op Employer which includes at least the following: <ul style="list-style-type: none"><li>duties and responsibilities</li><li>duration of employment</li><li>working hours</li><li>allowance (if applicable)</li><li>name of immediate work supervisor</li><li>signature of Co-op student indicating acceptance of Job Offer</li></ul>	
3.	Letter from student stating obtained own job (if Letter of Appointment is not yet issued)	

### Co-op Coordinator / Head of Department (HoD) /

### Head of Programme (HoP) Approval: (Please tick appropriate box)

☐ Granted

☐ Not Granted

Remarks:

\_\_\_\_\_  
Co-op Coordinator / Head of Department (HoD) /  
Head of Programme (HoP) Approval (Name & Signature)

\_\_\_\_\_  
Date