



Student Self-Directed Work Term Application MECH 6090, Bachelor of Mechanical Engineering

MECH 6090 is a self-directed work term position that has been initiated by the student. Please complete the following information and obtain a signature from the company supervisor. Once this form is complete, please email the form to the Mechanical Engineering department at **bcitmecheng@bcit.ca**.

Student Information:

Student Name: _____ Student Number: _____
Address: _____ Cell phone number: _____
BCIT email address: _____ Alternative email: _____
Are you an international student? _____ If yes, Canadian Work Permit Expiry Date: _____

Work Term Employer Information:

Organization Name: _____
Organization Address: _____
City: _____ Province: _____ Postal Code: _____
Organization Website: _____
Student Work Location (If different from above): _____
Position Title: _____ Salary (/hour or /month) _____ Work
Term Start Date: _____ Work Term End Date: _____ Hours per
week: _____
Supervisor Name: _____ Supervisor Title: _____
Supervisor Phone: _____ Supervisor Email: _____

***Work terms requiring relocation outside of BC require a completed "Request for Approval to Travel Form". Please contact the Program Assistant for this form. ***

Job Description (You may also attach a separate page with a job description):

Organization Description (You may also attach a separate page with an organization description):



Student Self-Directed Work Term Application MECH 6090, Bachelor of Mechanical Engineering

Information for Supervisors:

Thank you for providing a Bachelor of Mechanical Engineering student a work term opportunity. We value the mentorship, supervision, and work experience you will provide to the student. The department asks you to participate through:

- **Completing the end of term student evaluation form**
- **Contact the department if there are any changes to the student's status or work location**

Signatures:

I verify that the information provided in this form is accurate. If there are any changes, the student will notify the department.

I have attached the authority to travel form (if work is outside of BC).

Student signature: _____ Date: _____

Supervisor signature: _____ Date: _____

For Mechanical Engineering Department Use Only:

The department has reviewed the application and approves the work placement.

Program Head signature: _____ Date: _____

Associate Dean signature: _____ Date: _____