

EMPLOYMENT CONTRACT

7th Floor, ECERF Building, 9107 - 116 St
Edmonton, Alberta, Canada T6G 2V4
Tel: 780.492.3321
Fax: 780.492.2881
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* Shaded areas are mandatory fields

TO BE COMPLETED BY THE STUDENT				
FOREIGN STUDENT PERSONAL INFORMATION				
Title Ms. Mrs. Mr.		Gender Male <input type="checkbox"/> Female <input type="checkbox"/>		Date of Birth (D/M/Y)
Surname:			Given Name:	
Apt #	Street Address	City	Province/Territory	Postal Code
Study Permit Document Number F _____		Date Signed _____ (D/M/Y)		Valid Until Date _____ (D/M/Y)
TO BE COMPLETED BY THE EMPLOYER				
ON-CAMPUS DEPARTMENT OR ON-CAMPUS BUSINESS HIRING THE STUDENT				
Name of on-campus Department or Name of Business Hiring the Student			Employer's Name	
Civic address where the work will be performed			Employer's Signature	
Employer's Telephone # ()			Employer's Fax # ()	
Employee's Position Title			Employee's Start Date _____ (D/M/Y)	Employee's End Date _____ (D/M/Y)
I have accepted this job offer.				
_____ Signature of Foreign Student			_____ Date (D/M/Y)	