

Co-op Work Term Assignment Release Form

Student to complete:

Please fill out this form and have your supervisor indicate whether or not the assignment is confidential and sign at the bottom.
If your report is not Confidential: Upload this Release Form and your full report to Connect by the deadline.
If your report is Confidential: Upload this Release Form and a completed Grade Form to Connect by the deadline.
 Review the Work Term Checklist online for corresponding term deadline (coop.apsc.ubc.ca).

Student Name: _____ Student Number: _____

Discipline: _____ Date: _____

Work Term Period: year _____ Jan - Apr. May- Aug. Sept.- Dec.

- Assignment: APSC 110: Experiential Report (Please check) APSC 210: Career Development Report (Note: report cannot be confidential) APSC 310: Technical Report
- APSC 410: Technical Memo APSC 411: Technical Oral Presentation APSC 412: Technical Report or Memo
- Master's Level APSC 410: Technical Report or Memo Master's Level APSC 411: Technical Oral Presentation Master's Level APSC 412: Technical Report or Memo

Company Name: _____

Title of Assignment: _____

Supervisor to complete:

Please indicate which statement applies to the student's work term assignment by checking the corresponding box and then signing the bottom of the form. Please return the form to the student who will upload for processing.

- I have received the Work Term Assignment. The Assignment is **Confidential** and will be retained by our company.

Note to Supervisor: The Confidential Grade form is due at the same time as this Release Form. Please grade the report using the form supplied by the student and return both forms to the student. **The student is responsible for uploading both the completed Release Form and the completed Grade Form by the deadline for grade processing.**

- I have received the Work Term Assignment. The Assignment is **not Confidential** and will be submitted to the Engineering Co-op Office for marking at UBC. **The student is responsible for uploading both the completed Release Form and the full assignment for grading by the report deadline.**

- I have **not** received the Work Term Assignment.

Reason: _____

Supervisor Name: _____ Supervisor Contact: _____

Supervisor Signature: _____ Date Signed: _____



Confidential Technical Memo Grade Form (APSC 410)

STUDENT (Please complete):

Last Name: _____ **First Name:** _____

Discipline:

- | | |
|--|---|
| <input type="checkbox"/> Chemical and Biological Engineering | <input type="checkbox"/> Mechanical Engineering |
| <input type="checkbox"/> Civil Engineering | <input type="checkbox"/> Materials Engineering |
| <input type="checkbox"/> Computer Engineering | <input type="checkbox"/> Mining Engineering |
| <input type="checkbox"/> Electrical Engineering | <input type="checkbox"/> UBCO – Civil Engineering |
| <input type="checkbox"/> Environmental Engineering | <input type="checkbox"/> UBCO – Electrical Engineering |
| <input type="checkbox"/> Geological Engineering | <input type="checkbox"/> UBCO – Mechanical Engineering |
| <input type="checkbox"/> Integrated Engineering | <input type="checkbox"/> Master of Engineering _____ (disc) |

Work Term Period: Year _____ Jan. – Apr. May – Aug. Sept. – Dec.

Date Submitted: _____

EMPLOYER INFORMATION:

Company Name: _____

Supervisor's Name: _____ Telephone: _____

TECHNICAL MEMO TITLE:

Evaluated by: _____ Telephone: _____

- REPORT GRADE:**
- Excellent
 - Good
 - Satisfactory
 - Unsatisfactory



Student Name: _____

LITERARY QUALITY	Excellent	Good	Satisfactory	Unsatisfactory	Comments:
Tone / Style	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Grammar / Spelling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

TECHNICAL QUALITY	Excellent	Good	Satisfactory	Unsatisfactory	Comments:
Suitability of Topic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Analytical Content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

BODY OF REPORT	Excellent	Good	Satisfactory	Unsatisfactory	Comments:
Header	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Purpose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Summary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Discussion:					
Background information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Data / evidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Valuable explanation of results	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Actions / Recommendations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

EVALUATOR'S COMMENTS

Evaluator's Signature: _____ Date Marked: _____