

THE UNIVERSITY OF BRITISH COLUMBIA



Department of Mechanical Engineering
6250 Applied Science Lane
Vancouver, BC Canada V6T 1Z4

EMPLOYMENT CONTRACT Tel: 604-822-2781
Fax: 604-822-2403

NOTE: Foreign students can only work at the school where authorization to study was given by Citizenship and Immigration Canada

* Shaded areas are mandatory fields

<i>TO BE COMPLETED BY THE STUDENT</i>				
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)	
<i>TO BE COMPLETED BY THE EMPLOYER</i>				
ON-CAMPUS DEPARTMENT OR ON-CAMPUS BUSINESS HIRING THE STUDENT				
Name of on-campus Department or Name of Business Hiring the Student Department of Mechanical Engineering The University of British Columbia			Employer's Name (Please print) _____	
Civic address where the work will be performed 6250 Applied Science Lane			Employer's Signature _____	
Employer's Telephone (604) 822-2781			Employer's Fax (604) 822-2403	
Employee's Position Title Graduate Research Assistant			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)	