

## **Intent to complete International Work Experience**

To be completed by the student prior to the last day of classes in the Fall Semester

This form is for students intending to participate in a work experience outside of Canada. All international work experiences must incorporate measures to protect the well-being of students, manage risks, and support a conducive learning environment.

The completed form must be emailed to <a href="www.workexperience@nscc.ca">WorkExperience@nscc.ca</a> and copy your faculty.

STUDENT INFORMATION (Mandatory Fields Marked with *)	
*Legal Name:	*Alternate Email Address:
Name used if not Legal:	*NSCC Email Address:
*Student ID:	*Direct Supervisor Name:
*Street Address:	*Program:
*City/Town:	*Year of Study: First Second
*Postal Code:	*Campus:
	*Academic Chair:
Are you an international student? ☐ Yes	□ No
Will you be returning to your country of residence for your work experience? ☐ Yes ☐ No	
INTERNATIONAL DETAILS	
Country of Work Experience:	
Employer/Organization (if known):	
Start Date:	End Date:
Type of duties:	
PROCESS	
This information will be sent to the NSCC International Office and they will contact you with information on the next steps. Next steps include the following questions:	
	oort? le Insurance? ( <u>www.guard.me</u> ) associated Visa requirements?
More information can be found on the NSCC International website <a href="http://international.nscc.ca/">http://international.nscc.ca/</a>	
SIGNATURE	
Student:	Date: