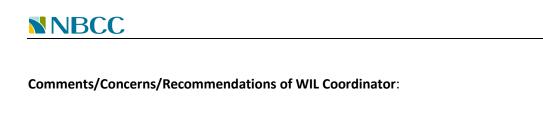


Work Integrated Learning (WIL) Monitoring Report

Date of Contact:	Program Name:
Student Name:	Work Term Dates:
Work Term WIL Host:	
Supervisor's Name/Title:	
Description of Work Situation:	
Comments/Concerns of Host:	
Comments/Concerns of Student:	



Signature of WIL Coordinator