



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:

Comments/Concerns/Recommendations of WIL Coordinator:

Signature of WIL Coordinator