Student Obligations	
The St	tudent agrees to:
(a)	maintain status as a registered student of the University;
(b)	adhere to the University Student Code of Conduct during the placement;
(c)	maintain the privacy of the clients, residents and/or other persons in all instances and to respect the confidentia nature of the information to which she/he is exposed;
(d)	act in accordance with the Learning Site's regulations, rules, policies and procedures including appropriate laws as they apply to the Learning Site;
(e)	obtain all security clearances, immunizations and tests required by the Learning Site before commencing the course required placement (CRP);
(f)	meet with representative(s) of the Learning Site and the Faculty of Liberal Arts & Professional Studies to arrange before or at the beginning of the CPR, the nature of the learning experience including hours, days, responsibilities and meeting schedule with the staff supervisor;
(g)	provide a copy of the Learning Plan, including learning objectives to the Learning Site and the Faculty of Liberal Arts & Professional Studies early in the CRP (normally by the 2nd week); and
l,	(name of CRP student), agree to fulfill the obligations listed above as part of my
placer	ment at: (the "Learning Site").
Unive	erstand that WSIB or private insurance coverage will be provided through the Ministry of Training, Colleges and rsities while I am on a placement as arranged by the university as part of my program of study. I understand the ations and have had any questions answered to my satisfaction.
Cours	e Code:
	E COMPLETE
	ipant Name: Student Number:anent Address:
renille	ALICHE AUGUESS.

Privacy: Personal information in connection with this form is collected under the authority of *The York University Act, 1965* and will be used for the purpose of administering your participation in community learning placement and related purposes. If you have any questions about the collection, use and disclosure of your personal information by York University, please contact: Karlene Davis, Experiential Education Program Coordinator, kkdavis@yorku.ca and eelaps@yorku.ca, 416-736-2100 x70878

(Signature of Witness as to Signature of Participant)

(Name of Witness)

(street, city, province, postal code)

Permanent Telephone: \_\_\_

(Signature of Participant)

Date: