

Unpaid Work Placement Form

This form is for any student who is participating in an unpaid work placement that is NOT part of their course requirement. This form must be filled out to ensure you have insurance coverage under Carleton University's plan.

Please note: Insurance coverage is subject to policy conditions and exclusions.

Student's Carleton Student Number

Student's First Name

Student's Last Name

Course Number / Degree / Department*

Name, Extension of Departmental Co-ordinator

Name of Work Placement Company / Organization

Total Number of estimated hours student will be working at unpaid work placement.
