

The Ontario Ministry of Colleges and Universities ACE INA Insurance Statistics - University

Training Agency Name – Carleton University

University Contact Person – Robin Karuna

Instructions for Carleton University Placement Coordinators/Administrators:

[] Form to be completed	d by Department Coordinators/Administrators for every	course
[] Please attach a class	slist	
[] Please date your forn	n here	

Return this completed form at the end of December, April and August to Robin Karuna at robin.karuna@carleton.ca

PROGRAM	TOTAL HOURS OF	NUMBER OF STUDENTS	
	WORK PLACEMENT	GRANT – ELGIBLE	VISA
A. Postsecondary			
Program Title	Hours / Student X Number of Students	Canadian citizens or permanent residents enrolled in Ontario universities	Foreign students attending universities with student visas

Please list a sample of placements in the table below and submit with the form above to Robin Karuna at robin.karuna@carleton.ca

PROGRAM TITLE	PLACEMENT EMPLOYER NAME	TYPE OF INDUSTRY (AREA OF WORK)	ADDRESS