



THE UNIVERSITY OF BRITISH COLUMBIA

School of Kinesiology

## Work Learn Appointment Request Form

**Student First Name:**

**Student Last Name:**

**Student ID# (if known):**

**Student Email:**

**Degree:**

**Domestic Student**

**International Student**

**\*\*International student, please forward me their Study Permit\*\***

**Work Learn Project #:**

**\*\*Please forward me your Funding Announcement Detail\*\***

**Start Date:**

**End Date:**

**Hourly Wage: \$**

**Program/Grant #:**

Once this form is completed, please email to Anita Jung ([anita.jung@ubc.ca](mailto:anita.jung@ubc.ca))