

Term Report Receipt

Complete and return this form **ONLY** if your Term Report will **NOT** be submitted by the deadline date. A grade of UNSATISFACTORY will be given when a Term Report or properly authenticated Term Report Receipt is not received by deadline date.

Name: _____

Email: _____

Employer _____

Address: _____

City/State/Zip Code _____

Work Phone _____

Co-op Plan: _____

Supervisor Name and Title: _____

Specific reason for report being submitted late (e.g., accident, family emergency, company processing or other reason beyond student/supervisor's control): _____

Signature: _____

Date: _____