

Tourism and Hospitality Management (Work Experience Route)

This agreement is designed to inform students in the Tourism & Hospitality Management Work Experience Program about the regulations, policies and timelines associated with the work experience component of their degree.

Note: These Terms and Conditions are in addition to those regulations listed in the Mount Saint Vincent University Academic Calendar.

ELIGIBILITY:

1. I understand that the work experience route is only for Bachelor of Tourism and Hospitality Management students who:
 - are part-time students;
 - are completing the degree through distance learning;
 - have 7.5 units or more transfer credits; or
 - are full-time students with at least two years of full-time industry experience prior to beginning their degree.
 2. I understand that all students in the Diploma in Tourism & Hospitality Management students must complete the work experience program as part of their studies.
 3. I understand that all students in the Bachelor of Tourism & Hospitality Management (Work Experience Route) must complete two work terms (THMT 2299 and THMT 3399).
 4. I understand that all students in the Diploma in Tourism and Hospitality Management must complete one work term (THMT 2299).
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ACCESSIBILITY SERVICES:

1. I understand that if I am a student with a disability who may require accommodations in the workplace, I will register with the University's Accessibility Services as soon as possible.
2. I understand that the proposed academic accommodations that I may have requested during coursework do not automatically transfer to work experience terms.
3. If I am a student with a disability, I understand that I am encouraged to discuss my required accommodations with a co-op coordinator as soon as possible in order to access the information and support needed to succeed in the work experience process and in the workplace.
4. I understand that accommodations are intended to assist and support students in meeting the work term expectations but do not change or modify the required work experience term requirements.
5. To register or discuss work term accommodations with MSVU Accessibility Services, book an appointment at www.msvu.ca/campus-life/accessibility-services or call (902) 457-6567.

ACADEMIC:

1. I understand that I must comply with the academic standards and regulations as outlined in the Mount Saint Vincent University Academic Calendar under the program description section.
2. I understand that it is my responsibility to ensure that I am registered for the work experience term the semester before the work experience term begins. I agree to sign a Registration Agreement to initiate the work term registration.
3. I understand that each work experience term requires 455 working hours in an approved position that is related to my degree of study.
4. I understand that evaluation for successful completion of a work experience term is comprised of a) approved job description; b) final work term report; and c) confirmation of hours provided in writing by the employer on company letterhead.
5. I am aware that the results of the work experience term is indicated on my academic transcript, with three possible grades (Pass, Fail and No Credit Repeat).
6. I understand that once I am registered for a work experience term, I have four months to complete the hours and final work term report.
7. Should I not complete the 455 hours within four months, I will receive a grade of "IP" (In Progress) for my work experience term. I will have four additional months to complete the requirements before the grade is changed to a "P" (Pass) or "F" (Fail). Four-month extensions will not be approved for the purpose of completing the work term report.
8. For Bachelor of Tourism & Hospitality Management (Work Experience Route) Program:
 - I agree to register for Work Experience 1 (THMT 2299) the semester before I have completed between 9-11 units of study. I agree to register for Work Experience 2 (THMT 3399) the semester before I have completed between 14-16 units of study.
 - I understand that I may be unable to register for additional courses until I complete my work experience term following 11 units of study (Work Experience 1 - THMT 2299) and 16 units of study (Work Experience 2 - THMT 3399).
9. For Diploma in Tourism and Hospitality Management Work Experience Program:
 - a. I agree to register for Work Experience 1 (THMT 2299) the semester before I have completed between 4-6 units of study.

WORK EXPERIENCE POLICIES AND PROCEDURES:

1. I understand that my work experience hours cannot be counted until:
 - a. I have accepted the Terms and Conditions document.
 - b. I have submitted my job description and other relevant information, and it has been approved by the Co-operative Education Office.
2. I understand that if I am an international student, it is my responsibility to apply for a work permit, with the assistance of Mount Saint Vincent University's International Education Centre, before working in Canada.
3. I understand that tuition and withdrawal fees apply to the work experience term. Each work experience costs ½ unit of tuition and tuition fees are payable to Financial Services.

4. I understand that while completing my work experience term, I am representing my educational program and the University and therefore, I agree to conduct myself in a professional and ethical manner. I agree to abide by my employer's policies, procedures, guidelines and code of conduct.
 5. I understand that as a work experience student, I am representing my employer. Therefore, I will adhere to policies and legal requirements when using the Internet and email. As a user, I will comply with the license agreements associated with computer software. I agree to use the Internet responsibly and productively while on a work term.
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FINAL WORK TERM REPORT:

1. I understand that my final work term report is submitted to the Co-operative Education Office at the end of my work experience term (last business day of the fourth month of my work term and completion of 455 hours).
 2. I understand that a Tourism & Hospitality Management Work Experience Faculty Advisor will be appointed following the submission of my work term report. The faculty advisor will review the work term report.
 3. I understand that I must complete my work term report in accordance with the guidelines provided by the academic department and the Co-operative Education Office.
 4. I understand that if I will be using proprietary information from my employer in my report, I must provide a letter from my employer indicating that he/she/they is permitting me to use such resources. This letter will be attached as an appendix in my report.
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OWN JOB SEARCH:

1. I understand that I am required to complete my own job search in order to secure my work experience term.
2. I understand that my work experience term must be related to my field of study.
3. I agree to provide accurate, complete, and truthful information on my resume, cover letter and any other application materials. Additionally, I confirm that I will obtain consent from individuals I wish to list as references, ensuring my references are aware of and prepared to support my application.
4. I agree to accurately represent myself during the interview and hiring process, providing honest answers of my capabilities and overall self.
5. I agree to provide a copy of my job description, start date, end date, salary and supervisor's contact information to the Co-operative Education Office prior to the position being approved.
6. I understand that my work experience hours can be obtained through paid or unpaid work experiences.
7. I understand that, if necessary, hours for each work experience term can be accumulated by more than one position and/or employer.

I have read the above Terms and Conditions of enrolment in the Tourism and Hospitality Management Work Experience Program and I agree to abide by them during my participation in the program.

AND

I have read the program description section in the Mount Saint Vincent University Academic Calendar and I agree to abide by the information in the Academic Calendar during my participation in the work experience program.

Name: _____ Signature: _____
(Please print clearly)

Date: _____

Revised: November 24, 2022