



Confidential Technical Memo Release Form (APSC 410)

STUDENT (Please complete this section):

Last Name: _____ First Name: _____

Discipline:

- | | |
|--|--|
| <input type="checkbox"/> Chemical and Biological Engineering | <input type="checkbox"/> Mechanical Engineering |
| <input type="checkbox"/> Civil Engineering | <input type="checkbox"/> Materials Engineering |
| <input type="checkbox"/> Computer Engineering | <input type="checkbox"/> Mining Engineering |
| <input type="checkbox"/> Electrical Engineering | <input type="checkbox"/> UBCO – Civil Engineering |
| <input type="checkbox"/> Environmental Engineering | <input type="checkbox"/> UBCO – Electrical Engineering |
| <input type="checkbox"/> Geological Engineering | <input type="checkbox"/> UBCO – Mechanical Engineering |
| <input type="checkbox"/> Integrated Engineering | <input type="checkbox"/> Master of Engineering_____ (disc) |

Work Term Period: Year _____ Jan. – Apr. May – Aug. Sept. – Dec.

EMPLOYER (Please complete this section):

Company Name (Please print): _____

Department: _____

Supervisor's Name: _____ Title: _____

Supervisor's Telephone Number: _____ Fax: _____

Title of Memo: _____

- I have received the Work Term Assignment.
 - The Memo is **Confidential** and will be retained by our company.
Note to employer: Evaluation of Confidential Memo form is due two weeks after the student's Work Term Package deadline.
 - The Report is **not Confidential** and may be submitted to the Engineering Co-op Office for marking at UBC.

I have **not** received the Work Term Assignment.
 Reason: _____

Supervisor's Signature: _____ **Date:** _____



Confidential Technical Memo Grade Form (APSC 410)

STUDENT (Please complete):

Last Name: _____ First Name: _____

Discipline:

- | | |
|--|--|
| <input type="checkbox"/> Chemical and Biological Engineering | <input type="checkbox"/> Mechanical Engineering |
| <input type="checkbox"/> Civil Engineering | <input type="checkbox"/> Materials Engineering |
| <input type="checkbox"/> Computer Engineering | <input type="checkbox"/> Mining Engineering |
| <input type="checkbox"/> Electrical Engineering | <input type="checkbox"/> UBCO – Civil Engineering |
| <input type="checkbox"/> Environmental Engineering | <input type="checkbox"/> UBCO – Electrical Engineering |
| <input type="checkbox"/> Geological Engineering | <input type="checkbox"/> UBCO – Mechanical Engineering |
| <input type="checkbox"/> Integrated Engineering | <input type="checkbox"/> Master of Engineering_____ (disc) |

Work Term Period: Year _____ Jan. – Apr. May – Aug. Sept. – Dec.

Date Submitted: _____

EMPLOYER INFORMATION:

Company Name: _____

Supervisor's Name: _____

Telephone: _____

TECHNICAL MEMO TITLE:

Evaluated by: _____ Telephone: _____

REPORT GRADE:

- Excellent
- Good
- Satisfactory
- Unsatisfactory



Student Name: _____

LITERARY QUALITY	Excellent	Good	Satisfactory	Unsatisfactory	Comments:
Tone / Style	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Grammar / Spelling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

TECHNICAL QUALITY	Excellent	Good	Satisfactory	Unsatisfactory	Comments:
Suitability of Topic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Analytical Content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

BODY OF REPORT	Excellent	Good	Satisfactory	Unsatisfactory	Comments:
Header	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Purpose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Summary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Discussion:					
Background information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Data / evidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Valuable explanation of results	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Actions / Recommendations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

EVALUATOR'S COMMENTS

Evaluator's Signature: _____ Date Marked: _____