

Ranking Form

Management Co-op

University of Toronto Scarborough 1095 Military Trail, Scarbo	rough, Ontario	M1C 1A4 Phone: 4	16-287-7111	mgmtcoop.utsc@	utoronto.ca	
Company Name:						
Company Address:				No. of Positio	ns:	
Student Job Title:		Work Location:	Remote	In-Person	Hybrid	
Duration (months): 4 8 12 Other	Start Date:	e: End [Date:		
Student Supervisor Name:		Email:			Phone:	
Tax Credit Contact Name (if applicable):		Email:				
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Ranking Instructions:

- 1. To extend a ranking, list the student as #1 under "Ranking Number". If you are offering more than one position, please list your first choice #1 as well for subsequent positions.
- 2. If you have a student you would be willing to rank if your first choice does not accept, please mark the student(s) as #2, #3, #4, etc. and we will offer the role to the next student in line.
- 3. You are not required to rank all students interviewed only those who you would be willing to hire. Please provide feedback below for students who you have interviewed but are not willing to hire.
- 4. Please email the ranking form to mgmtcoopjobs.utsc@utoronto.ca.

Rank Number	Student's Name	Rate of Pay

To allow students to improve on their interviewing skills, please provide feedback for students who you have interviewed but are not willing to hire. Please select from the relevant areas of improvement using the number codes.

1 = Punctuality		5 = Knowledge	of company			
2 = Increased enthusiasm	2 = Increased enthusiasm		6 = Comprehension of questions		9 = Technical knowledge	
3 = Appropriate body lang	guage	7 = Use of speci	fic examples	10 = More relevant experience		
4 = Appropriate eye conta	act	8 = Clarity and depth of answers				
Student's Name		Code(s)	Student's Name		Code(s)	

As an employer I agree to supervise the student during the work term and report any issues to a Co-op Coordinator. I will provide payment to the student as outlined above and agree to complete a site visit & final evaluation.

Signature:	Date: