**AMENDMENT AGREEMENT**

THIS AMENDMENT AGREEMENT made as of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_, 20\_\_\_\_ is between TORONTO METROPOLITAN UNIVERSITY (“**University**”) and Xxx Yyy Zzz Centre (“**Practicum Centre**”).

WHEREAS:

1. the parties entered into an agreement as of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_, 20\_\_\_\_, a copy of which is attached as Appendix 1 hereto (the “**Placement Agreement**”);
2. the parties wish to offer practicum experience for Students registered in additional Programs at the University; and
3. the parties wish to amend the Placement Agreement accordingly;

NOW THEREFORE in consideration of the premises and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the parties agree as follows:

1. The Placement Agreement is hereby amended by deleting the contents of **Schedule A** in its entirety and replacing same with the contents of Appendix 2 “Schedule A: Programs and Contact Information” attached hereto.
2. The amendments included in this Amendment Agreement are hereby incorporated into and form an integral part of the Placement Agreement.
3. All other terms and conditions of the Placement Agreement remain unamended and in full force and effect.

IN WITNESS WHEREOF the parties hereto have executed this Agreement as of the date first written above.

| **INSTITUTIONXXX YYY ZZZ CENTRE** | | |
| --- | --- | --- |
| Name:  Title: |  | Name:  Title: |
| I/We have authority to bind the Practicum Centre | | |

| **TORONTO METROPOLITAN UNIVERSITY** | | |
| --- | --- | --- |
| Provost and Vice President Academic |  | Julia Shin Doi  General Counsel and Secretary of the Board of Governors |
| We have authority to bind the University | | |

**APPENDIX 1**

**PLACEMENT AGREEMENT**

See attached.

**APPENDIX 2**

**SCHEDULE A: PROGRAMS AND CONTACT INFORMATION**

WSIB coverage for the following Programs is Ministry-funded:

| **UNIVERSITY** | **PRACTICUM CENTRE** |
| --- | --- |
| Program:  Faculty/School:  Name/Title:  Telephone/e-mail: | Location/Division:  Address  Name/Title:  Telephone/e-mail: |
| [delete the box if not used] | [delete the box if not used] |

WSIB coverage for the following Programs is University-funded:

| **UNIVERSITY** | **PRACTICUM CENTRE** |
| --- | --- |
| Program:  Faculty/School:  Name/Title:  Telephone/e-mail: | Location/Division:  Address:  Name/Title:  Telephone/e-mail: |
| [delete the box if not used] | [delete the box if not used] |