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Internship Agreement and Learning Plan for Colorado Mesa University/CMU Tech

I. INTRODUCTION

This Agreement is made between the following Colorado Mesa University/CMU Tech student (the “Student”) and the employer (the “Employer”) that is providing the internship experience (“Internship”) to the Student. This Agreement does not create any obligations on the part of the Colorado Mesa University/CMU Tech (“University”). The Student’s Academic Department, _____, and the University’s Career Services office may utilize or reference this Agreement as necessary, including, but not limited to, for the approval of internship credit, compilation of statistics regarding university internships, evaluating insurance sponsorship, and assessment of student learning.

Completion of this Agreement is necessary to ensure a high-quality experience and satisfaction among the Student and the Employer. Completion of this Agreement may also be necessary for the Student to receive academic credit for the Internship if applicable. This Agreement includes an Internship Learning Plan to facilitate these goals. By signing this Agreement, Student and Employer acknowledge that they understand and agree to the responsibilities under this Agreement, including the Internship Learning Plan.

A copy of this Agreement should be completed, signed, and returned to the CMU faculty internship coordinator (“Faculty Internship Coordinator”), _____. Career Services may act as a liaison between the Student and the Employer to assist with and facilitate the Internship, including resolving any problems or difficulties which may arise during the course of the Internship.

II. STUDENT INFORMATION

First Name: _____ Last Name: _____

Student ID (700#): _____ Email: _____

Phone: _____ Anticipated Graduation: _____

Course: _____ Major: _____

Local Address (where you will be located when completing the internship):

Check this box if your local address is the same as your mailing address.

Street: _____ City: _____

State: _____ Zip: _____

Check this box if your internship will be entirely remote.

III. EMPLOYER INFORMATION

General Contact:

Company Name: _____ Industry: _____
Email: _____ Phone: _____
Street: _____ City: _____
State: _____ Zip: _____

Individual Providing Supervision to Student at Company (Site Supervisor):

Name: _____ Role/Title: _____
Email: _____ Phone: _____
Street: _____ City: _____
State: _____ Zip: _____

IV. INTERNSHIP INFORMATION

Position Title: _____

Start Date: _____ End Date: _____

The internship is:

- Unpaid – Student will receive NO remuneration
- Paid – Student will receive remuneration

If paid, salary: \$ _____

Hourly Biweekly Monthly Stipend Other (please explain) _____

Hours per week: _____ Total Hours: _____

V. INTERNSHIP CREDIT APPROVAL

Student is completing the Internship for credit and must pay for the Internship as they would any other class. Approval from the Academic Department must be obtained before the internship starts. Student will receive _____ credit hours upon successful completion of this Internship and course requirements. Students must complete at least 45 clock hours for every 1 credit hour (e.g. 3 credit course = 135 clock hours)

By signing this document, _____, the Faculty Internship Coordinator, certifies that the Student, _____, has received Department approval to complete the Internship described in the Agreement for academic credit.

Student Acknowledgement - Initial below to acknowledge that you understand this Internship is (a) for academic credit, (b) requires course registration, and (c) payment of tuition as with any other course, as well as (d) course participation as determined by the instructor (D2L activities, written assignments, etc).

VI. INTERNSHIP LEARNING PLAN

Student - Please work with your faculty internship coordinator and the employer (site supervisor) to answer the following questions relating to the internship.

Position Description/Job Description:

Student Learning Outcomes/Goals: What are the student learning outcomes/goals of this internship experience? What knowledge, skills, and abilities will be gained?

Plan to Achieve Goals: Describe the activities (readings, writings, projects, tasks, etc.) that will support the achievement of the learning outcomes/goals.

Assessment: How will the learning outcomes/goals be measured or evaluated? What does the successful achievement of these goals look like?

VII. STUDENT AND EMPLOYER RESPONSIBILITIES

A. Student

By signing this Agreement, Student agrees to the following responsibilities for the duration of the Internship:

1. Perform to the best of Student's ability those tasks assigned by Student's supervisor, which are related to Student's learning outcomes and the responsibilities of the Internship position.
2. Follow all the rules, regulations, and normal requirements of the Employer's organization.
3. Notify Career Services of any changes Student may need to make in the Internship Learning Plan or of any problems that develop during the placement.
4. Complete assignments as outlined by Faculty Internship Coordinator.
5. Complete an evaluation of the Internship.
6. Student must obtain and maintain health insurance during the duration of the Internship and provide proof of health insurance, if requested.

B. Employer

By signing this Agreement, Employer agrees to the following responsibilities for the duration of the Internship:

1. Provide the necessary orientation, training, precautionary safety instructions, and supervision to Student in the performance of the Internship duties and responsibilities, as listed above.
2. Assign Student work activities relevant to Student's professional development, enable Student to progressively learn, and provide a variety of appropriate tasks concurring with the outcomes of Student's academic degree program.
3. Adhere to the National Association of Colleges and Employers [Principles for Ethical Professional Practice](#)
4. Conform to all federal, state, and local laws and regulations applicable to the Internship.
5. Limit access to Student's files and personal information and maintain such files and personal information in confidence.
6. If Internship is paid: Pursuant to Colorado Revised Statute § 8-40-302(7), Employer is responsible for providing workers' compensation and liability insurance coverage to Student receiving remuneration for the bona fide cooperative education or student internship program (the Internship). Accordingly, Employer agrees to provide workers' compensation and liability insurance in accordance with Colorado state law.

7. If Internship is unpaid: The University encourages employers to extend workers' compensation coverage to all students completing internship experiences, whether paid or non-paid, because the employer can best control the safety of the workplace and provide accordingly for the risks a student may incur.

Acknowledgment of Coverage - Select and initial the option that reflects the internship agreement:

Paid Internship - Employer Initials Acknowledging Responsibility to Provide Coverage _____

Unpaid Internship - Initial here if Employer **will** be providing coverage to Student _____

Unpaid Internship - Initial here if Employer **will NOT** be providing coverage to Student _____

8. Complete a final evaluation of the student's performance during the placement. (The evaluation will be sent via email and will play an integral part in the determination of the grade received by the student.)

VIII. SIGNATURES

THIS IS AN EXAMPLE FORM AND NOT AN OFFICIAL DOCUMENT. The official form will be completed online to obtain digital signatures and official approval for the internship.

Signatures will be secured in sequence. Your signature means that you have read and agreed to this Agreement, including the Internship Learning Plan. When all signatures have been collected, a PDF copy of this document will be emailed to all parties.

Student Signature: _____ Date _____

Employer (Site Supervisor) Signature: _____ Date _____

Received by Faculty and Department Head

Faculty Internship Coordinator Name: _____

Faculty Internship Coordinator Signature: _____

Date _____

Academic Department Head Name: _____

Academic Department Head Signature: _____

Date _____