

INTERNSHIP/CO-OP AGREEMENT

Career Center
California State University, Chico
Student Services Center, room 270
Chico, CA 95929- 0700
Phone: 530-898-5253 FAX 530-898-4881
Email: careers@csuchico.edu
Website: www.csuchico.edu/careers

Please return this form to the Career Center within two weeks of starting your position.

Name _____ Student ID # _____ Date _____

Major _____ Email _____

Current Enrollment Status: Undergraduate Graduate Anticipated Graduation Date _____

Citizenship: U.S. Citizen _____ Permanent Resident _____ Foreign Student (F1 Visa) _____

Co-op/Internship:

Company/Employer Name _____

On site/Immediate Supervisor _____ Supervisor's Title _____

Supervisor's Email _____

Company/Employer Address _____

City _____ State _____ Zip _____ Phone _____

Internship work period: (check all the apply): Fall ____Yr Spring ____Yr Summer ____Yr

Beginning Date _____ Ending Date _____ Full-time _____ Part-time _____ (hrs/wk)

Salary/Compensation \$ _____ per hour _____ Stipend (living allowance) _____ Non-Paid

Your Work Phone _____ FAX _____

Internship Job Description: Attach an internship job description or give a brief description below.

Specific duties to be performed by intern under this agreement are as follows. The intern agrees to adhere to the employer work schedule and the University's policies and to accept responsibility for his/her actions relating to performance under this agreement. The employer agrees not to require the intern to perform duties outside the scope of this agreement without the prior written approval of both the University and the intern. (You may attach additional sheets or the employer internship description).

Academic Credit (Optional): Students participating in a co-op/internship have the option of registering for academic credit according to one of the following options. **(Completing this form does not automatically enroll you for units.)**

- Consult with a faculty member in your department to determine the number of units to be awarded, assignments, etc. It is preferred that you receive credit from your major department.
- If you are unable to obtain units in your major, contact our office to make other arrangements for earning credit.

Earning credit for Internship: Dept. _____ Course # _____ Units _____ Faculty Approval _____

Indicate period you will register for credit: Fall ___ Yr. Spring _____ Yr. Summer _____ Yr.

Not enrolling for academic credit for the internship. _____

Enrollment Status: If not registered in classes during the fall or spring semester, you must take one of the following steps to maintain continuing student status with the University.

_____ **Planned Educational Leave of Absence (PEL):** Undergraduates not signed up for units during the semester co-op must submit a (PEL) form with the Admissions Office.

_____ **Adjunct Enrollment:** Graduate students should check with the Graduate School to determine if they need to file for adjunct enrollment with the Center for Regional and Continuing Education.

- There is no provision in State or CSU policy for contractually accepting responsibility for students.
- The employer will assume liability for interns working on their premises. This holds true for both paid and unpaid (volunteer) interns.
- Students shall at no time throughout this agreement be considered officers, employees, agents or volunteers of the University.

Each of the undersigned has read, understands and agrees to the terms and conditions stated above.

Student Intern

Signature Date

_____ I have been made aware of any known risks or hazards associated with my participation in this internship.
Student Initials

Employer

Signature

Printed Name Title Date

California State University, Chico

Signature

Printed Name Title Date