



INTERNSHIP INFORMATION FORM

Forms must be completed and on file in the Office of Academic Affairs prior to the start of the internship.

General Information:

Course Number:

Location (check one): ___ In-State ___ Out-of-State ___ Out-of-Country

Student Information:

Name:

Current Address:

Student ID#

Phone:

Email:

Major:

Program Requirement: ___Yes ___No

Semester and Year of Internship:

Faculty Intern Supervisor:

Emergency Contact Name and Phone Number: _____

Internship Site Information:

Name of Organization:

Mailing Address of Organization:

Name & Title of Supervisor:

Phone:

Email:

Fax:

Academic Expectations:

Attach a brief description of the duties and responsibilities of the student intern, the academic outcomes, and methods of assessment. (To be completed by student in collaboration with faculty and site supervisors.)

Signatures:

Student: _____

Date: _____

Faculty Supervisor: _____

Date: _____

Site Supervisor: _____

Date: _____

Department Head: _____

Date: _____

VPASA or designee: _____

Date: _____

(VPASA signature only required for out-of-state and out-of-country internships. File copy with Academic Affairs if in-state internship.)

Required Attachments:

1. Description of academic expectations.
2. Proof of health insurance for out-of-state and out-of-country internships.
3. Release and Indemnification Agreement for Participants in Internships.



INTERNSHIP INFORMATION FORM

WAIVER, RELEASE, ASSUMPTION OF RISK, AND INDEMNIFICATION AGREEMENT

Course: _____ Term/Year: _____

Activity (if applicable): _____

Instructor: _____

Student/Participant Name: _____ Social Security Number: _____

In consideration of the State of Colorado, Mesa State College and its _____ Department granting me permission to participate in the above-referenced course and/or activity, and with the understanding that such participation is conditioned upon my execution of this waiver and release, for myself, my heirs and assigns, I hereby acknowledge, recognize and assume the risks involved in the course and/or the activity and any risks inherent in any other activities connected with the course and/or activity in which I may voluntarily participate. I expressly assume the risk of and accept full responsibility for any and all injuries (including death) and accidents which may occur as a result of my participation in the course and/or activity and release from liability the State of Colorado, Mesa State College and its _____ Department, and all of the officers, directors, agents, representatives, and employees of the foregoing entities.

I HEREBY WAIVE ANY CLAIM I MAY HAVE AS A RESULT OF MY PARTICIPATION IN THE ABOVE-REFERENCED COURSE AND/OR ACTIVITY. I HEREBY AGREE TO INDEMNIFY, DEFEND AND HOLD HARMLESS THE STATE OF COLORADO, MESA STATE COLLEGE AND ITS _____ DEPARTMENT, AND ALL OF THE OFFICERS, TRUSTEES, DIRECTORS, AGENTS, REPRESENTATIVES, AND EMPLOYEES OF THE FOREGOING ENTITIES AGAINST ANY AND ALL CLAIMS, INCLUDING ATTORNEYS' FEES AND COSTS, WHICH MAY BE BROUGHT AGAINST ANY OF THEM BY ANYONE CLAIMING TO HAVE BEEN INJURED AS A RESULT OF MY PARTICIPATION IN THE COURSE AND/OR ACTIVITY.

This waiver shall be governed in accordance with the laws of the State of Colorado, and venue for any action related to this waiver shall be in the City and County of Denver, Colorado. This waiver is intended as the complete integration of all understandings between the parties. No prior or contemporaneous addition, deletion, or other amendment hereto shall have any force or effect whatsoever, unless embodied herein in writing.

THIS IS A RELEASE OF LIABILITY. IF STUDENT IS UNDER EIGHTEEN (18) YEARS OF AGE, SIGNATURE OF A PARENT OR GUARDIAN IS REQUIRED. I HEREBY CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THIS WAIVER, RELEASE, ASSUMPTION OF RISK AND INDEMNIFICATION AGREEMENT.

Signature of Student/Participant Date

Signature of Parent Date
(if participant is under 18 years of age)