



Political Science-Student Internship Agreement and Learning Plan

I. INTRODUCTION

This Agreement is made between the following University of Colorado Boulder student (the “Student”) and the organization that is providing the internship experience (“Internship”) to the Student (the “Organization”). This Agreement does not create any obligations on the part of the University of Colorado Boulder (“university”). The Academic Department, Political Science (“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, etc.

Completion of this Agreement is necessary to ensure a high-quality experience and satisfaction between the Student and the Organization. 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 Organization acknowledge that they understand and agree to the responsibilities under this Agreement, including the Internship Learning Plan.

II. STUDENT INFORMATION

First Name: _____

Last Name: _____

Student ID: _____

Anticipated Graduation: _____

Email: _____

Phone: _____

Class Standing: _____

College/School: _____

Major: _____

Degree: _____

Local Address (where will you be living during your internship?):

City: _____ State (Country if Outside US): _____

Check this box if your internship will be entirely remote.

III. ORGANIZATION INFORMATION

General Contact:

Organization Name: _____

Focus of Organizational Work: _____

Street: _____ City: _____

State/District: _____ Zip: _____

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

Name: _____ Role/Title: _____

Email: _____ Phone: _____

IV. INTERNSHIP INFORMATION

Position Title: _____

Start Date: _____ End Date: _____

This internship is (select one): Unpaid – Student will receive NO remuneration

Paid – Student will receive remuneration

If paid, salary (per hour): _____

Hours per week: _____ Total Hours: _____

V. INTERNSHIP LEARNING PLAN

Student - please answer the following questions relating to the Internship:

Describe the nature of your position:

What do you hope to learn from this experience?

How are you going to accomplish your educational objectives? Discuss projects, readings, writings, etc.

How will you evaluate the learning experience? What evidence will you provide to document your accomplishments?

How often will you be evaluated by your Organization's supervisor?

By what method:

VI. STUDENT AND ORGANIZATION 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 internship supervisor, which are related to Student's learning objectives and the responsibilities of the Internship position.
2. Follow all the rules, regulations, and normal requirements of the Organization.
3. Notify Academic Department of any changes Student may need to make in the Internship Learning Plan or of any problems that develop during the placement.
4. Complete an evaluation of the Internship.
5. Student must obtain and maintain health insurance during the duration of the Internship and provide proof of health insurance, if requested.

B. Organization

By signing this Agreement, Organization 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 objectives of Student's academic degree program.
3. Adhere to the National Association of Colleges and Employer [Principles for 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), Organization 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, Organization agrees to provide workers' compensation and liability insurance in accordance with Colorado state law.

Organization check here acknowledging responsibility to provide coverage if internship is paid: _____

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

Please check here if Organization will be providing coverage to Student for unpaid internship: _____

Please check here if Organization will NOT be providing coverage to Student for unpaid internship: _____

VII. SIGNATURES

Please secure signatures in sequence. Your signature means that you have read and agreed to this Agreement, including the Internship Learning Plan.

Student: _____

Date _____

Internship Supervisor: _____

Date _____

Received by Academic Department

By signing below, I certify that the Student has received Department approval to complete the Internship described in the Agreement for academic credit.

Academic Department Representative Signature:

Academic Department: _____

Role/Title: _____

Date _____

Received by Career Services

Career Services Liaison _____ Date _____