

# GEOGRAPHY

## GEOGRAPHY INTERNSHIP AGREEMENT

### 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, The Department of Geography (“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.

Students should review the following information carefully:

1. All internships for credit have prerequisites that students must meet before they are eligible to apply. For the Geography department, we require:
  - GPA of 2.0 or higher
  - Geography major or minor
  - Junior or Senior status
2. To receive credit, all interns must be registered for GEOG 3930 and complete required coursework.
3. For a 3-credit internship, we require 144 hours of internship. **These hours can be paid or unpaid.**
4. To receive credit, all internships must have PRIOR approval (achieved through approval of the Geography Internship Agreement Form). No retroactive credit is available for internships already started or completed.
5. Geography majors may enroll in GEOG 3930 twice; however, only one 3-credit internship can be counted towards major hours.
6. Once you have a copy of the approved application, you must register for the specific course number (GEOG 3930). You will pay tuition for the internship according to the number of credit hours you are seeking.

Internship Agreement Form must be submitted to the Chair/Associate Chair of the department awarding the internship credit no later than one week prior to the last day of Drop/Add.

## 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:*

Company Name:

Industry:

Street:

City:

State:

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:

Credits Requested:

#### **V. INTERNSHIP LEARNING PLAN**

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

Describe the nature of your position (what will you be doing?):

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 will your supervisor communicate this feedback to you?

## **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 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's 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.

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 select if the Organization WILL BE providing workers' compensation coverage:

Please select if the Organization WILL NOT be providing workers' compensation coverage:

8. Complete a final written evaluation of the student's performance during the placement.

## VIII. 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:

Work 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.*

Internship Faculty Sponsor Name: **Heide Bruckner**

Signature:

Date:

Academic Dept Staff Registration Name:

Signature:

Date:

Academic Department Chair Name:

Signature

Date:

Academic Department: Geography

*Received by Career Services*

Career Services  
Liaison:

Date: