



University of Colorado  
Boulder

Program in International Affairs  
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## **International Affairs Program (IAFS) 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 Program, the International Affairs Program (“Program”), 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 is also necessary for the Student to receive academic credit for the Internship. 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:*

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: \_\_\_\_\_ (Total hours must be 120 per 3 credits of IAFS 4930)

### V. INTERNSHIP CREDIT APPROVAL

If Student is completing the Internship for-credit, Student must obtain approval from the Program prior to the start of the Internship. Please see <https://www.colorado.edu/iafs/academics/internships> for steps to be admitted to the IAFS 4930 internship class. **Please note: Students will not be enrolled in IAFS 4930 until this Agreement is completed.**

## **VI. INTERNSHIP LEARNING PLAN**

*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 or have contact with your Organization's supervisor? *(Please note: an evaluation from the supervisor is required for IAFS 4930 and submitted with the final project. An evaluation template will be provided.)*

## VII. 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 Program of any changes Student may need to make in the Internship Agreement or of any problems that develop during the placement.
4. 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, the 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: \_\_\_\_\_

*Revised 4.6.21*

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: \_\_\_\_\_

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

## **VII. SIGNATURES**

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

Student: \_\_\_\_\_

Date \_\_\_\_\_

Work Supervisor: \_\_\_\_\_

Date \_\_\_\_\_

*Received by Academic Program:*

*By signing below, I certify that the Student has received Program approval to complete the Internship described in the Agreement for academic credit. Student will receive 3 credit hours (or 6 for specific CU programs) upon completion of the Internship and course requirements.*

Academic Program Representative Signature:

\_\_\_\_\_

Academic Program: \_\_\_\_\_

Role/Title: \_\_\_\_\_

Date \_\_\_\_\_

*Received by Career Services*

Career Services Liaison \_\_\_\_\_ Date \_\_\_\_\_