2018-2019

The

Clarence H. Jackman

Accounting Internship Program Packet

# Cal Poly Pomona

2018-2019 INTERNSHIP PACKET

CLARENCE H. JACKMAN ACCOUNTING INTERNSHIP PROGRAM

**ACCOUNTING DEPARTMENT**

**COLLEGE OF BUSINESS ADMINISTRATION**

**CALIFORNIA STATE POLYTECHNIC UNIVERSITY, POMONA**

**(Effective Fall 2018 to Summer 2019)**

**INTERNSHIP DIRECTOR**

Dr. Hassan Hefzi

[hhefzi@cpp.edu](mailto:hhefzi@cpp.edu)

(909) 869-2385

Building 164, Room 2084

Thanks for your interest in the Clarence H. Jackman Accounting Internship Program. This Internship Program is designed to provide practical, on-the-job training for the accounting major. Internship positions are paid on a competitive basis for the service provided.

Cal Poly Pomona’s accounting interns are highly sought and well respected throughout the Greater Los Angeles area. Students are encouraged to participate in the Internship Program for the following reasons:

* Students gain practical experience in accounting, auditing, taxation, and other business areas while earning academic credit.
* The valuable on-the-job training provided by the internship experience may increase employment opportunities in all areas of the accounting profession.
* The starting salary for a student with internship experience may be higher than the starting salary for a student without internship experience.
* Many interns find full-time, continuing employment as a result of their internship.
* Internship work experiences help students clarify their career objectives as well as develop technical skills and self-confidence.
* An internship gives a student an opportunity to “check out” various aspects of professional practice as well as the particular firm offering the internship. This enables the student to make more informed choices about post-graduation careers.

* The experience gained through the internship may be helpful in preparation for the CPA and other professional examinations.

**STEPS TO PARTICIPATE IN THE INTERNSHIP PROGRAM**

If you are a student interested in participating as an intern in the Internship Program, please follow these steps:

1. Carefully read the information in the 2018-2019 Internship Packet (the Packet). Call, e-mail or visit the Internship Director if you have questions or need more information.
2. Complete and sign the internship application form included in the Packet.
3. Submit your internship application (including the required resume and grade sheet) to the Internship Director. This can be done in person or by putting the application in the drop box on the second floor in Building 164 at the top of the stairway, behind the elevator.
4. Obtain an internship position through either 1) on-campus interviews arranged by the Internship Director, 2) internship positions posted to the department web site, or 3) student arranged interviews.
5. Complete the “Request To Register for Internship Courses” form included in the Packet. Submit the form to the Internship Director.
6. Once your internship is approved, you will receive an e-mail confirming the course.
7. Complete all items in the “Requirements to Obtain Internship Credit” packet which can be picked up at the Accounting Department Office (164-2064) and submit them to the Internship Director.

**HOW TO GET AN INTERNSHIP POSITION**

**On-Campus Interviews Arranged By the Internship Director**

On-campus internship interviews are available throughout the year, but are concentrated in the fall semester. The fall semester interviews are primarily for positions in public accounting firms. The internship interviews for Fall 2018, are tentatively scheduled for September, call the Accounting Department at 909.869.2365 for more information.

**To participate in an on-campus interview:**

1. Visit the Internship Director. Bring the completed internship application, including the required resume and accounting grade sheet. Based on the requirements established by the interviewing firms and your qualifications, the Internship Director will authorize you to sign up for interviews sending your name to the career center.
2. You will be contacted by the Career Center, via email to sign up for the interviews you are approved for.
3. Sign up for interviews at the Career Center “Hand Shake”. The earlier you complete this process, the more likely you are to be able to get an interview with the firm you want and at a time convenient to your schedule.

**Internship Positions Posted to the Cal Poly Pomona E-Mail**

The Internship Director is often contacted by firms who have positions, but will not be conducting on-campus interviews. These position descriptions are posted to the accounting department e-mail. The position descriptions include instructions as to how the student should apply for the positions.

**Student Arranged Interviews**

You may be able to obtain internship credit for an accounting-related position you obtain on your own. The Career Center has many opportunities throughout the year. You may also want to look in the newspaper classified ads.

The internship must represent a new learning experience for the intern and be appropriately related to accounting practice. Normally, if you have been in a job for more than three months, you cannot get internship credit for it. However, your boss may be willing to significantly change your work responsibilities to accommodate your desire for an internship.

A position obtained by the student is not eligible for internship course credit until approved by the Internship Director. Credit is not given for historical work experience. If you accept an offer from a firm you have found yourself, you must provide the Internship Director with a job description on company letterhead with name, signature, phone number and e-mail address of your immediate supervisor. Work hours are not eligible for course credit until after the Internship Director has received the job description and approved the job for internship credit.

The judgment of the Internship Director as to the suitability of the job for internship credit is final.

**REGISTERING FOR INTERNSHIP CREDIT**

You must obtain permission from the Internship Director before you can register for internship courses. Once you have obtained an internship position, complete the “Request to Register for Internship Courses” included in the Packet.

**Items to consider before you register for an internship course:**

* You may not register for internship courses or record internship work hours until your “Request to Register for Internship Courses” form has been approved by the Internship Director.
* One semester unit of credit is granted for every hundred twenty hours of work. So, 120 hours = 1 unit, 240 hours = 2 units, and 360 hours = 3 units. These hours may be earned over a variety of time frames. For example, one intern may accumulate 360 hours by working 40 hours per week for 9 weeks, while another may work 20 hours per week for 18 weeks.
* You may count up to six units of internship credit toward your degree. Up to three units may be counted as a Career Track elective, with three more units going for general electives if you have elective units available.
* The maximum number of internship credit hours that can be earned for a single job experience is three. That is, to get two three unit course credit, you have to do two different internships.
* Your grade is based on five components: employer midterm evaluation (15%), employer final evaluation (20%), internship journal (45%), oral presentation (15%) and professional conduct (5%).
* Often, a grade of Incomplete (I) or Satisfactory Progress (SP) will be given for the quarter you are enrolled in the internship because internships normally do not coincide with our academic semesters at Cal Poly Pomona. The timing of your internship credit may or may not coincide with your actual work at the firm. You should be aware that you might not receive your course credit in the same quarter you enroll for your internship course. If this presents a problem for you, you should submit a written explanation of the situation to the Internship Director at the time you submit a “Request to Register for Internship Courses” form to the Internship Director.
* A final internship grade will be recorded only when the student has completed all the requirements for internship credit.

**REQUIREMENTS TO OBTAIN INTERNSHIP CREDIT**

In addition to working, there are other requirements to obtain credit for your internship. Prior to receiving internship course credit, you must do the following:

1. Arrange for your supervisor to submit a midterm and final evaluation of your work during the internship period.
2. Submit a paper and electronic copy of your internship journal to the Internship Director. You must be able to provide support for the hours you record in your journal.
3. Submit a completed Student Internship Questionnaire and CBA Internship Survey to the Internship Director with feedback on your experience.
4. Make an oral presentation to an accounting class, at a time and place arranged by the Internship Director.

Additional information on these items is included in the “Requirements to Obtain Internship Credit” that must be obtained from the Accounting Department, after you have been approved to register for internship credit.

**SUGGESTIONS FOR SUCCESSFUL INTERVIEWS**

**Before The Interview:**

1. Do as much research about the firm as you can. Visit their web site, talk to the Internship Director about the firm, and read about them.
2. Update your professional wardrobe. If you are unclear as to appropriate attire for the interview, check with the Career Center or the Internship Director.
3. Prepare additional copies of your resume.

**The Day Of The Interview:**

1. Arrive early for your interview(s)!
2. If an unavoidable emergency will prevent you from keeping your appointment, call the Career Center. The staff can get a message to the interviewer, who may contact you to reschedule.
3. Greet the interviewer with a firm handshake. Look him/her in the eye when you talk. Demonstrate enthusiasm and energy for the position
4. Be prepared to ask some questions about the internship and/or the firm. Do not ask the interviewer about details of the internship such as schedule and pay rates. Rather, focus on characteristics of the firm, such as what kind(s) of clients they have, how large the staff is, and similar issues. If you are in doubt as to whether a question is appropriate, ask the Internship Director in advance.

**After The Interview:**

1. Send a “thank you” note (email) to each person who interviewed you.
2. Make a copy of any correspondence you receive regarding your interview. Such correspondence may include: rejection letters, offer letters, and/or letters requesting additional interviews. The Internship Director may request copies of these items for your internship file.
3. If you receive one or more internship offers, make your acceptance decision quickly, but carefully. Talk with the Internship Director if you are unsure as to whether to accept an offer. While the Director cannot make the decision for you, (s)he may be able to offer some guidance about this important decision.
4. Once you have accepted an offer, send an email (letter) to the firm indicating your decision. Also write a short, professional rejection email (letter) to any other firms that extended you an offer. Keep copies of these letters.
5. Inform the Internship Director of your decision as soon as you make it.

Good Luck!

**INTERNSHIP APPLICATION FORM (Page 1 of 2)**

You must complete this form before you can sign up for on-campus internship interviews or register for internship courses. Attach your resume and an accounting grade sheet.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Bronco Direct # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

U.S. Citizen? \_\_\_\_\_\_ If no, are you a permanent U.S. resident? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Overall GPA \_\_\_\_\_ Accounting GPA \_\_\_\_\_\_\_ Expected Graduation Date \_\_\_\_\_\_

When do you want the internship? Semester\_\_\_\_\_\_\_\_\_\_ Year \_\_\_\_\_\_\_\_\_\_

Full or Part-time \_\_\_\_\_\_\_\_\_\_ If part-time, how many hours per week? \_\_\_\_\_\_\_\_\_

Kind of internship preferred (circle one): CPA, Government, Industry, Other: \_\_\_\_\_\_\_\_\_\_

List languages in which you are fluent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Provide names of references, two of whom should be Cal Poly Pomona professors:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

As a student at California State Polytechnic University, Pomona, I hereby authorize the Accounting Department to:

a) secure information relating to my employment qualifications, including university records of courses and grades, confidential statements from individuals whom I may designate, and other pertinent information; and

b) transmit such information to persons who are securing employment for me.

I agree and understand that the information collected will be treated as confidential and will remain confidential as part of my file maintained by the Internship Director.

**INTERNSHIP APPLICATION FORM (Page 2 of 2)**

I further understand that:

1. internships are temporary academic experiences and that I will not apply for Unemployment Compensation as a result of the internship/work experience obtained through the Internship Director's office;
2. by signing this application, I agree that I have read all the instructions in the 2018-2019 Internship Packet. I understand that failure to follow the instructions in the Packet and given by the Internship Director may jeopardize my credit and grade under this Internship Program;
3. in order to receive internship credit, I must complete all items included in the *Requirements to Obtain Internship Credit* section of the Packet;
4. the firm with which I intern will be required to evaluate my performance twice during the period of my internship;
5. correspondence concerning my internship will be primarily through e-mail and I am responsible for ensuring that the Internship Director always has my current e-mail address. I am responsible for checking the e-mail account at least once a week, so that I may be contacted if necessary;
6. I am expected to conduct myself professionally throughout the internship process—from the initial interview until I receive my final internship grade.

I am submitting a copy of my resume that has been reviewed by the Career Center and an accounting grade sheet with this application to the Internship Director.

**Sign your name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Print your name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Bronco Direct Number**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**GUIDELINES FOR AN ACCOUNTING GRADE SHEET**

**(All Accounting Classes Must Be Included)**

Accounting Grade Sheet for:

**Mary Ann Jones**

**100 Main Street**

**Pomona, CA 91768**

**(909) 555-1222**

**majones@cpp.edu**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Course No. | Course Description | Institution | Instructor | Grade |
| BUSA 7 | Introduction to Financial Accounting | Mt. San Antonio  College | Mr. Gray | A- |
| BUSA 8 | Introduction to  Managerial Accounting | Mt. San Antonio  College | Mr. Smith | B+ |
| ACC 3210 | Cost Accounting | Cal Poly Pomona | Dr. Yan | B\* |
| ACC 3110 | Intermediate Accounting I | Cal Poly Pomona | Dr. Zeek | B |
| ACC 3120 | Intermediate Accounting II | Cal Poly Pomona | Dr. Jan | A- |
| ACC 4310 | Intermediate Accounting III | Cal Poly Pomona | Dr. Wed | IP |
|  |  |  |  |  |
|  | Accounting GPA |  |  | 3.38 |
|  | Overall GPA |  |  | 3.12 |

IP = In Progress

\* = Course Repeated for a Higher Grade

Note: The above is a sample “Accounting Grade Sheet.” The structure of this template is flexible as long as all the basic information is provided in a professional manner. The Accounting Grade Sheet may be done using word processing, spreadsheet, or database software. The choice is that of the student. The use of gridlines in the presentation is a decision of the student. Verify that the Accounting GPA on this report and the reported Accounting GPA in the resume are the same.

**THE FOLLOWING FORMS NEED TO BE COMPLETED AND SUBMITTED TO**

**INTERNSHIP DIRECTOR**

**AFTER**

**YOU HAVE ACCEPTED AN INTERNSHIP OFFER**

**REQUEST TO REGISTER FOR INTERNSHIP COURSES**

**To Be Completed By Student:**

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

Student E-Mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Bronco Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Internship Position Obtained As A Result Of:

* On-campus interviews arranged by Internship Director. I have attached copies of my offer letter and acceptance letter. \_\_\_\_\_\_ (Initials)
* Position descriptions from Department Web Site. I have attached copies of the position description, my offer letter and acceptance letter. \_\_\_\_\_\_ (Initials)
* Student Arranged Interviews. I have attached a job description on company letterhead with name, signature, phone number, and e-mail address of my immediate supervisor (original - not a copy.) \_\_\_\_\_ (Initials)

I wish to register for \_\_\_ units of internship credit in the \_\_\_\_\_ semester of the year \_\_\_\_.

**To Be Completed By Internship Director:**

* This Internship is approved as of \_\_\_\_\_\_\_\_\_\_\_. The student may begin recording employment hours for their journal as of this date. This student is approved to register in ACC \_\_\_\_\_\_ CRN# \_\_\_\_\_\_\_\_ for the \_\_\_\_\_\_\_ semester of the year \_\_\_\_\_\_\_\_.
* This internship is not approved for the following reasons. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Internship Director**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**INTERIM FORM – TO BE APPROVED**

**Internship Learning Plan**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Student Name: | |  | | | | Student ID#: | |  |
| Address: |  | | | | | | | |
|  | | | | | | | | |
| Phone # |  | | | | Email: | |  | |
| Course Instructor: | | |  | Semester: | | |  | |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Business/Organization: | | |  | | | | | Phone #: | |  |
| Site Supervisor: | |  | | | | | Phone #: | |  | |
| Address: |  | | | | | | | | | |
| Approximate # of Hours: | | | |  | Beg. Date: |  | | End Date: | |  |

**Learning Objectives:** What will you learn from this internship? How will this internship enhance your academic knowledge and professional preparation? Describe the activities or projects of this internship that support your learning objective.

|  |
| --- |
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|  |

**The Site Supervisor:**

* Agrees to guide this student’s work and to submit a brief final evaluation of his/her achievement upon request.
* Agrees to discuss any concerns about the intern’s performance with him/her directly, and with the faculty/course supervisor, if necessary.

|  |  |  |  |
| --- | --- | --- | --- |
| Site Supervisor Signature: |  | Date: |  |

**The Faculty/Course Supervisor:**

I have examined and approve this student’s learning plan.

|  |  |  |  |
| --- | --- | --- | --- |
| Faculty/Course Supervisor Signature: |  | Date: |  |

Student Initials \_\_\_\_\_\_\_

**The Student agrees to abide by the following guidelines and limitations:**

#### Guidelines:

* + - **Ask for help when in doubt:** Contact your instructor with any questions concerning your internship. Your internship supervisor understands the issues within the company/organization. You are encouraged to approach your supervisor with problems or questions as they arise. Your supervisor and your instructor can assist you in determining the best way to respond to difficult or uncomfortable situations.
    - **Be punctual and responsible:** Although you may not be paid for your internship, you are participating in the organization as a reliable, trustworthy and contributing member of the team. Both the administrators and your co-workers are relying on your punctuality and commitment to completing your scheduled hours throughout the internship.
    - **Call if you anticipate lateness or absence:** Call the internship supervisor if you are unable to come in or if you anticipate being late. Be mindful of your commitment, people are counting on you.
    - **Respect the privacy of all clients:** If you have access to confidential information (i.e. organizational files, diagnostics, personal stories, etc.), it is vital that you treat this information as privileged. You should use pseudonyms in your course assignments if you are referring to customers or the people you work with at the internship site.
    - **Show respect for the business/organization you work for:** Placement within an organization is an educational opportunity and a privilege. Not only are you serving the organization, but they are providing a service to you by investing valuable resources in your learning.
    - **Be appropriate:** You are in a work situation and are expected to treat your supervisor and others with courtesy and kindness. Dress comfortably, neatly and appropriately. Use formal names unless instructed otherwise. Set a positive standard for other CPP students who may follow in the Internship Program.
    - **Be flexible:** The level or intensity of activity at an internship site is not always predictable. Your flexibility to changing situations can assist the organization in working smoothly and producing positive outcomes for everyone involved.

**Limitations:**

* **DON’T** report to your internship assignment under the influence of drugs or alcohol.
* **DON’T** give or loan money or other personal belongings.
* **DON’T** make promises or commitments you cannot keep.
* **DON’T** provide transportation in a personal vehicle.
* **DON’T** tolerate verbal exchange of a sexual nature or engage in behavior that might be perceived as sexual with a co-worker or customer.
* **DON’T** tolerate verbal exchange or engage in behavior that might be perceived as discriminating against an individual on the basis of their age, race, gender, sexual orientation, ability, or ethnicity.
* **DON’T** engage in any type of business with clients during the term of your internship.
* **DON’T** enter into personal relationships with a co-worker or customer during the term of your service.

**Health & Safety Guidelines:**

* Participate in the orientation of your internship site. Make sure that you know who to contact at the site and at the university in case of an emergency.
* As provided by the internship site, observe all safety policies, regulations, safe work practices, and job instructions for your internship assignment.
* Familiarize yourself with the safe work practices/programs that affect your assignment.
* Report safety hazards and unsafe conditions to your supervisor.
* Report all injuries, no matter how minor, to your supervisor. Student Initials \_\_\_\_\_\_\_

**The Student:**

* Agrees to act in a responsible manner while representing California State Polytechnic University, Pomona at the company/organization, and abide by all rules and regulations that govern the company in which he/she is performing the duties of his/her internship.
* Understands the connection between the internship course, and the course objectives to be fulfilled at the internship location.
* Has read the above stated guidelines and limitations and understands his/her role as a student intern working within the company/organization.
* Understands and acknowledges that participation in the internship with the company/organization is part of the coursework for which course credit is received; the student is **not** an employee of the University.
* Understands and acknowledges the risks associated with participation in the internship may include, but are not limited to:

1.

2.

3.

* Agrees to devote \_\_\_\_\_\_ hours per week for a total of \_\_\_\_\_\_\_ hours, effective from \_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_ in order to fulfill the learning objectives described above.
* Agrees to complete any forms, evaluations or other paperwork required by either the instructor or the internship supervisor.
* If you feel that your rights have been violated, or you have any trouble at you internship location, please contact your instructor.

|  |  |  |  |
| --- | --- | --- | --- |
| Student Signature: |  | Date: |  |

***NOTE: This is a generic agreement.* INTERIM AGREEMENT – TO BE APPROVED *Additional sections may be required, depending on the circumstances of the individual site.***

**Internship Agreement**

California State Polytechnic University, Pomona and Business or Agency

This Agreement entered into this \_\_ day of \_\_\_\_\_\_\_\_, \_\_\_\_ between the Trustees of the California State University on behalf of California State Polytechnic University, Pomona, referred to as "university," and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, referred to as "business or agency."

### Program Activities

Activities will be accomplished in accordance with a learning plan, reviewed and agreed upon by the student, university and business/organization prior to the start of the experience.

The student will:

* + 1. Participate in all relevant trainings required by the business or agency.
    2. Model professional and appropriate behavior when working with clients and when on business/organization site.
    3. Support business/organization events that are a part of the internship experience as required by faculty member.
    4. Meet the goals of the business/organization and the internship course in which the student is enrolled.
  1. **Safe and Productive Environment** 
     1. The business/organization will:
        1. Give student a complete tour of the site, and ensure that student is aware of all emergency procedures and is able to act responsibly in the case of an emergency.
        2. Ensure that student is aware of the unique nature of the population of the business or agency, and is prepared to work with this population.
        3. California law may require the business/organization to obtain student's fingerprints and submit them to the Department of Justice, and/or the Federal Bureau of Investigation, for a criminal background check. It is the business or agency‘s responsibility to: 1) determine whether such fingerprinting is required; 2) obtain the student's fingerprints; and 3) obtain criminal background clearance from the appropriate agency.
     2. University will ensure that student agrees to the following:
        1. Abide by business/organization rules and regulations while on site and working with business/organization clients.
        2. Ensure that his/her interactions with clients are safe, positive and productive.
        3. Support the program and its objectives by providing support for clients or business/organization staff as necessary and agreed upon in the learning plan.
        4. Add any other pertinent information regarding specifics of the site
  2. **Site Supervision** 
     1. The site supervisor determined at the beginning of the quarter will meet with the student as indicated on the learning plan to update him/her on projects and to provide support. All program staff will support the student as they interact with him/her, and provide guidance and advice as necessary and appropriate. A secondary site supervisor will be responsible for the student in the absence of primary supervisor.
        1. The business/organization director and [Supervising faculty, college faculty internship coordinator, department faculty internship coordinator] shall meet as appropriate in order to facilitate the most mutually beneficial experience for all parties involved, or at the request of any of theparties involved.
        2. Thebusiness/organization director or his/her designee will confer with the supervising faculty member prior to the commencement of internship activities.

1. Training & Orientation - business/organization will provide specific training needed by the student prior to his/her working with clients or providing service to the business or agency. Necessary training can be provided through collaboration between business or agency, university, and faculty member.
2. Work Space – student will have an appropriate space at the business/organization site in which to conduct his/her assigned work. Business/organization will provide access and training for any and all equipment necessary for student to fulfill his/her required role.
3. Evaluation – The business/organization site supervisor will fill out survey(s) regarding quality of work that the student provided to the site as agreed upon in the learning plan.
   1. **University**

The university will assign student to the business/organization via authorized courses, student will provide service to the program as indicated in the learning plan.

* + 1. Training and Reflection - university will provide a training session for student regarding his/her responsibilities.
    2. Supervision and Accountability - [Supervising faculty, college faculty internship coordinator, department faculty internship coordinator] will work with the student, business or agency, and faculty member to meet the expectations and priorities of the business/organization site.
  1. **Length of Agreement Term**

### Initial Term - The university and business/organization have reached this initial agreement for the term beginning [Month Year] and ending [Month Year]. This term represents a calendar year.

This agreement shall become effective upon execution and shall continue until terminated by either party after giving the other party 30 days advance written notice of the intention to so terminate; provided further, however, that any such termination by business/organization shall not be effective against any student who at the date of mailing of said notice by business/organization was participating in said program until such student has completed the program as mutually agreed upon.

### Renewal Process – This agreement can be renewed two times and is based on student feedback, business/organization evaluations and faculty desire to continue this relationship for the purpose of internships under the conditions that:

a. The university and business/organization continue to be committed to actively supporting the goals of the other.

* + - 1. The student work is meaningful and helps to provide essential support to the business or agency.
      2. The relationship is consistent with the goals of the business or agency, university, student and the internship course.

### A renewal process is only appropriate if the department/college that entered into this agreement intends to allow the placement of students at this site for the foreseeable future, or if the university determines that this site can be used for other internship opportunities and that the partnership should be kept up to date with an ongoing MOU.

The attached General Provisions, consisting of one page, is incorporation by reference and made a part of this agreement.

This document reflects my understanding of the relationship.

BUSINESS/ORGANIZATION CALIFORNIA STATE POLYTECHNIC UNIVERSITY, POMONA

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Authorized Signature |  | Authorized Signature |
| Print name and Title |  | Dr. Larisa Preiser-Houy, Interim AVP for Undergraduate Programs |

###### 

###### General Provisions

Indemnification

The business/organization shall be responsible for damages caused by the negligence of its directors, officers, agents, employees and duly authorized volunteers occurring in the performance of this agreement. California State Polytechnic University, Pomona shall be responsible for damages caused by the negligence of its directors, officers, employees and duly authorized volunteers occurring in the performance of this agreement. It is the intention of the business/organization and the University that the provision of this paragraph be interpreted to impose on each party responsibility for the negligence of their respective directors, officers, employees and duly authorized volunteers.

Insurance

The business/organization shall procure and maintain General Liability Insurance, comprehensive or commercial form with $1,000,000 minimum limit for each Occurrence and minimum limit of $ 2,000,000 General Aggregate, as mutually agreed upon for this placement.

The business/organization shall be responsible for Workers’ Compensation coverage for Students during this agreement.

The California State University system has elected to be insured for its General Liability exposure through the self-insured CSU Risk Management Authority.

The State of California has elected to be self-insured for its vehicle liability and Workers’ Compensation and property exposures. As a State agency, the California State University, Office of the Chancellor, the Trustees, and the CSU system of campuses are included in this self-insured program.

Status of Students

Students shall at no time throughout this agreement be considered officers, employees, agents or volunteers of the University.

Governing Law

All contracts and purchase orders shall be construed in accordance with, and their performance governed by, the laws of the State of California. Further, business/organization shall comply with any state or federal law applicable to business or agency's performance under this Contract.

Assignments

Without written consent of the CSU, this agreement is not assignable by the business/organization either in whole or in part.

Agreement Alterations & Integration

No alteration or variation of the terms of the agreement shall be valid unless made in writing and signed by the parties hereto, and no oral understanding or agreement not incorporated herein shall be binding on any of the parties hereto.

Endorsement

Nothing contained in this Agreement shall be construed as conferring on any party hereto any right to use the other party’s name as an endorsement of product/service or to advertise, promote or otherwise market any product or service without the prior written consent of the other parties. Furthermore nothing in this Agreement shall be construed as endorsement of any commercial product or service by the University, its officers or employees.

Survival

Upon termination of this contract for any reason, the terms, provisions, representations and warranties contained in this agreement shall survive expiration or earlier termination of this agreement.

Severability

If any provision of this agreement is held invalid by any law, rule, order of regulation of any government or by the final determination of any state or federal court, such invalidity shall not affect the enforceability of any other provision not held to be invalid.

Entire Agreement

This agreement constitutes the entire agreement and understanding of the parties with respect to the subject matter hereof and supersedes all prior agreements, arrangements, and understandings with respect thereto. No representation, promise, inducement, or statement of intention has been made by any party hereto that is not embodied herein, and no party shall be bound by or liable for any alleged representation, promise, inducement, or statement not set forth herein.

INTERIM AGREEMENT – TO BE APPROVED

ACADEMIC INTERNSHIP

RELEASE OF LIABILITY, PROMISE NOT TO SUE, ASSUMPTION OF RISK AND AGREEMENT TO PAY CLAIMS

Academic Internship Course (Course Name/Number & Instructor):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Description of Academic Internship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Academic Internship Date(s) and Time(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Academic Internship Location(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In consideration for being allowed to participate in this Academic Internship (Activity), on behalf of myself and my next of kin, heirs and representatives, I **release from all liability and promise not to sue** the State of California; the Trustees of The California State University; Cal Poly Pomona; and their employees, officers, directors, volunteers and agents (collectively “University”) from any and all claims, **including claims of the University’s negligence,** resulting in any physical or psychological injury (including paralysis and death), illness, damages, or economic or emotional loss I may suffer because of my participation in this Activity, including travel to, from and during the Activity.

I am voluntarily participating in this Activity. I am aware of the risks associated with traveling to/from and participating in this Activity, which include but are not limited to physical or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability (including paralysis), economic or emotional loss, and/or death. I understand that these injuries or outcomes may arise from my own or other’s actions, inaction, or negligence; conditions related to travel; or the condition of the Activity location(s). **Nonetheless, I assume all related risks, both known or unknown to me, of my participation in this Activity, including travel to, from and during the Activity.**

I agree to **hold** the University **harmless** from any and all claims, including attorney’s fees or damage to my personal property that may occur as a result of my participation in this Activity, including travel to, from and during the Activity. If the University incurs any of these types of expenses, I agree to reimburse the University. If I need medical treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

I am 18 years or older. **I understand the legal consequences of signing this document, including (a) releasing the University from all liability, (b) promising not to sue the University, (c) and assuming all risks of participating in this Activity, including travel to, from and during the Activity.**

I understand that this document is written to be as broad and inclusive as legally permitted by the State of California. I agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms.

I have read this document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.

Participant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant Name (print):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

***If Participant is under 18 years of age***:

I am the parent or legal guardian of the Participant. **I understand the legal consequences of signing this document, including (a) releasing the University from all liability on my and the Participant’s behalf, (b) promising not to sue on my and the Participant’s behalf, (c) and assuming all risks of the Participant’s participation in this Activity, including travel to, from and during the Activity.** I allow Participant to participate in this Activity. I understand that I am responsible for the obligations and acts of Participant as described in this document. I agree to be bound by the terms of this document.

I have read this two-page document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Minor Participant’s Parent/Guardian

\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Minor Participant’s Parent/Guardian (print) Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Minor Participant’s Name

**ACADEMIC INTERNSHIP  
EMERGENCY CONTACT INFORMATION**

**ACADEMIC INTERNSHIP PARTICIPANT’S INFORMATION**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Last Name | |  | | | | First |  | | | | | | M.I. | |  | |
| Street Address | |  | | | | | | | | | | | Apartment/Unit # | | |  |
| City | |  | | | | | | State |  | | | | ZIP |  | | |
| Home Phone | ( ) | |  | | | | | Cell Phone | | ( ) | | |  | | | |
| If under 18, Your Parent’s/Guardian’s Name | | | |  | | | | | | | | | | | | |
| Academic Internship Dates | | | | From: |  | | | | | | To: |  | | | | |

**COMPANY/ORGANIZATION’S INFORMATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Organization Name |  | | | |
| Contact Person |  | Contact Phone | ( ) |  |

**EMERGENCY CONTACTS**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Please list two emergency contacts. | | | | | | | | | | | | |
| Primary Emergency Contact’s Name | | | |  | | | | Relationship | | |  | |
| Home Phone | ( ) | |  | | Cell Phone | | ( ) | |  | | | |
| Street Address | |  | | | | | | | Apartment/Unit # | | |  |
| City | |  | | | State |  | | | ZIP |  | | |
| Secondary Emergency Contact’s Name | | | |  | | | | Relationship | | |  | |
| Home Phone | ( ) | |  | | Cell Phone | | ( ) | |  | | | |
| Street Address | |  | | | | | | | Apartment/Unit # | | |  |
| City | |  | | | State |  | | | ZIP |  | | |

**COMMENTS**

|  |
| --- |
| (Include any allergies or special health considerations—or special contact information) |
|  |

**SIGNATURE**

|  |  |  |  |
| --- | --- | --- | --- |
| Participant’s Signature |  | Date |  |