

(rev. 05/31/22)

Section I: Student Data	
Name:	SJSU ID:
SJSU Email:	Phone:
Emergency Contact	
Name:	Relation:
Email:	Phone:
Parent/Guardian Contact (if student is under the age of 18)	
Name:	Relation:
Email:	_ Phone:
 Section II: Hours & Units 1 unit = 50 hours of internship work Undergraduate interns may enroll in 1 to 4 units of ECON 185 Graduate interns may enroll in 3 units of ECON 285 Neither ECON 185 nor ECON 285 may be repeated for credit I will work a total of # hours from (start date) I request to enrollment in: # units of ECON 185 Section III: Internship Organization Is this a paid internship? YES NO 	
If NO, a risk assessment may be required; this will slow down approval of the Organization Name:	-
Organization Description:	
Address:	
Street Address City, URL:	State Zip
Supervisor Name:	Title:
Supervisor Email:	Phone:

Section IV: Internship Duties Student Internship Duties (What will you be doing as an intern at this organization?) Student Learning Objectives (What do you hope to learn? How this will advance your learning at SJSU?) Relation to Coursework (How does internship relate to and build upon what you have learned at SJSU?)

Internship Participation Guidelines

1.	I will devote approximately hours per week towards completion of the internship objectives listed in my Learning Plan for a total of internship hours, effective from to (the "learning activity"). I agree to complete all paperwork, assignments, and internship-related activities required by the EIP, the ECON 185/285 instructor, and the Internship Organization supervisor as part of this academic internship.			
2.	I understand and acknowledge that there are po assigned tasks and responsibilities, (b) the location amount and type of criminal activity or hazardou with the internship, (f) the time of day when I will backgrounds of the individuals I will be working of understand and acknowledge that my safety and myself from personal injury, bodily injury or property.	on of the internship, (c) the physic us materials at or near the locatior ill be present at the internship site with or serving, and (h) the amour d well-being are primarily depende	al characteristics of the internship site, (d) the of the internship, (e) any travel associated , (g) the criminal, mental and social it of supervision I will receive. I further	
3.	Being aware of the risks inherent in this learning internship. I understand that I may stop participations	-		
4.	While participating in this internship, I will (a) exhibit professional, ethical and appropriate behavior; (b) abide by the Internship Organization's rules and standards of conduct, including wearing any required personal protective equipment; (c) participate in all required training; (d) complete all assigned tasks and responsibilities in a timely and efficient manner; (e) request assistance if I am unsure how to respond to a difficult or uncomfortable situation; (f) be punctual and notify the Internship Organization if I believe I will be late or absent; and (g) respect the privacy of the Internship Organization's clients.			
5.	While participating in this learning activity, I will not (a) report to the Internship Organization under the influence of drugs or alcohol; (b) give or loan money or other personal belongings to a client; (c) make promises to a client I cannot keep; (d) give a client or representative a ride in my personal vehicle; (e) engage in behavior that might be perceived as harassment of a client or Internship Organization representative; (f) engage in behavior that might be perceived as discriminating against an individual on the basis of their age, race, gender, sexual orientation, mental capacity, or ethnicity; (g) engage in any type of business with clients during the term of my placement; (h) disclose without permission the Internship Organization's proprietary information, records or confidential information concerning its clients; or (i) enter into personal relationships with a client or Internship Organization representative during the term of my placement. I understand that the Internship Organization may dismiss me if I engage in any of these behaviors.			
6.	I agree to contact the University's Equal Opportunity (EO) Manager if I believe I have been discriminated against, harassed or injured while engaged in this learning activity. The EO Manager will determine the disposition of the allegation or complaint.			
7.				
	ease complete the form up to here, save as (and rocess the form for signatures via DocuSign. <u>In add</u>	-		
I ap	pprove the Learning Plan set forth and have read, t	understand, and agree to comply v	vith the Internship Participation Guidelines.	
 Stu	dent Name	Signature	Date	
Par	ent/Guardian Name (if student under 18)	Signature	Date	
	ernship Supervisor Name Supervisor, you agree to supply student with a memo on	Signature company letterhead which certifies s	Date atisfactory work and completion of required hours.	
 Eco	nomics Department Chair Name	Signature		