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Memorandum of Agreement

Student Intern Name:

CSUID:

Student Email:

Student Grade Level:

Student Major:

CSU GPA:

Cooperator Name:

Total Credits:

Cooperator Mailing Address:

Cooperator Phone:

Dates of Internship:

Responsibilities of the Intern (Brief description of program):

Responsibilities of the Cooperator (salary, benefits, etc.):

Please note:

For off-campus internships, if the student receives any remuneration for the internship, including but not limited to pay, room, board, the student is NOT covered by CSU Workers' Compensation but is covered by the Host's Workers' compensation or insurance. If the student does not receive any remuneration for an off-campus internship, CSU Workers' Compensation covers the student.

For CSU internships, if the student receives no remuneration, the student is not covered by CSU Workers' Compensation. If the student is paid by CSU payroll, the student is covered by CSU Workers' Compensation. If the student is paid by non-University sources even though working in a University facility or engaging in University projects the student is not covered by CSU's Workers' Compensation.

Workmen's Compensation is the responsibility of the (check one)

Cooperator (if intern is paid)

University (if intern is unpaid) (complete attached liability form)

Optional Internships have been denied the protection of both the Governmental Immunity Act C.R.S 24-10-101 et.seq. and also the State of Colorado self-insurance liability protection under C.R.S. 24-30-1501 et.seq. Therefore, if liability insurance is required by the Cooperator covering the acts or omissions by you (student), private coverage will have to be obtained at your expense.

Required Internships have the protection of both the Governmental Immunity Act C.R.S. 24-10-101 et.seq. and also the State of Colorado self-insurance under C.R.S. 24-30-1501 et.seq. up to the limit of \$600,000. If additional liability insurance is required by the Cooperator covering the acts or omissions by you (student), private coverage will have to be obtained at your (student) expense.

Signatures:

Student _____ Date _____

Cooperator _____ Date _____

On-Campus Supervisor _____ Date _____

Adviser _____ Date _____

Program Coordinator _____ Date _____