

INTERNSHIP PROGRAM (AGRI 587A Sec. 001 or 814)

Memorandum of Agreement

College of Agricultural Sciences
M.AGR. – AG EXTENSION EDUCATION GRADUATE PROGRAM
Colorado State University
970.491.6274 / 970.491.2410(phones)
970.491.4895 (fax)

Please fill out form completely (print or type) and return

Student Name _____ CSUID _____

Student Mailing Address (during internship or most used) _____

City _____ State _____ County _____ Zip Code _____

Phone # _____ Fax # _____ Major _____

Student E-Mail Address _____

Cooperator Name _____ Phone # _____

Cooperator Mailing Address _____

Cooperator Email Address _____

Dates of Internship _____ Semester(s) you plan to register for Internship _____

Total Internship Credits _____

Responsibilities of Intern (brief description of duties):

Responsibilities of Cooperator (create learning environment, benefits, salary, etc.):

***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 the State of Colorado self-insurance, 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 expense.*

SIGNATURES:

Student: _____ Date _____

Cooperator: _____ Date _____

Advisor: _____ Date _____