Colorado State University

DEPARTMENT OF AGRICULTURAL AND RESOURCE ECONOMICS

AREC 487 – INTERNSHIP

General Requirements and Policies

1. Credit will be given only for those internships that will enhance the educational experience of the student.
2. A maximum of 9 credits applied to the elective block is permitted for internships. The number of credits an internship is worth is determined by the nature of the experience and effort required. Typically 50 hours of engagement in creditable activity is required for each credit hour earned.
3. Grading will be on a satisfactory/unsatisfactory (S/U) basis only.
4. Only students with a CSU cumulative grade point average of 2.0 or above will be eligible to enroll for AREC 487.
5. Before a program is formally established, a completed memorandum of agreement must be evaluated and signed by the student, cooperator/employer, faculty supervisor, internship coordinator, and department chairman.
6. Under no circumstances are activities conducted prior to the completion of the MOA eligible for AREC 487 credit.
7. Normally, credit will not be granted to a student working on his/her home farm/ranch or enterprise, or any related family business.
8. It is preferable that following the experience, the student have one or more semesters of coursework remaining to complete a degree.
9. Students must register for AREC 487 credits during the term they participate in their internship. (summer internships require summer enrollment)
10. Student participation in an internship outside a 100-mile radius of CSU may apply to the registrar for exemptions from paying general fees during that particular term. However, applicable tuition will be assessed for credits attempted.
11. The University does not pay for student's insurance while on internship in this Department. The student should develop a clear understanding with the institution providing the internship regarding insurance and liabilities.

Internship Criteria

The internship is an opportunity for the student to experience the real world and explore a career opportunity. An internship is not just a job! The internship experience includes a cooperator who assists the student and appreciates and understands his/her role in the business or agency. The cooperator answers questions, assigns responsibilities, shares insights, and guides the student during his/her internship.

An internship is graded by a faculty member who has agreed to supervise your experience. Students interested in earning AREC credit for an internship are responsible for identifying a faculty supervisor.

Standard requirements for satisfactory completion include:

Weekly Reflections (Journal format suggested; daily entries encouraged)

Typical Entries Include

A. What did you experience this week?
B. What did you learn from these experiences?
C. How does this relate to your previous coursework? Compare/contrast.
D. Other notable observations

Paper

A. Description of Internship
    a. Firm Information
    b. Responsibilities
    c. Experiences
B. Compare and contrast your previous coursework to your real-world experience
    a. Add Value
        i. How you added value to the firm
        ii. How this experience added value to yourself
    b. Self-Reflection
C. Other experiences/ accomplishments
    a. Projects
    b. Interviews of company leadership
D. A minimum of 5 pages/credit is generally expected

Presentation

A. Present to internship supervisor, department members and other CSU students in a professional setting arranged by the department.
B. Recap of how you added value to the firm and how the experience has added value to you.

Internship – Memorandum of Agreement
College of Agricultural Sciences
Colorado State University

Name_____ CSU ID#_____

Local CSU Address_____ Major _____

_____ # of Credits_____

Contact Phone_____

Email_____

Faculty Supervisor _____

Dates of Internship: _____ to _____

Internship Objectives:

Responsibilities– Intern (brief description of program):

Cooperator/Employer Name_____

Address _____

Phone_____

Email_____

Responsibilities – Cooperator/Employer (benefits, salary, etc.):

Personal Contact information at Internship Location
Phone:

Address:

Email:

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

Cooperator/Employer (if intern is paid) _____

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

_____ _____

Student Intern Date

_____ _____

Cooperator/Employer Date

_____ _____

On-campus Faculty Supervisor Date

_____ _____

Program Coordinator Date

_____ _____

Department Head Date

This contract is bound by the laws of Colorado.

READ THIS DOCUMENT COMPLETELY BEFORE SIGNING. ITS EFFECT IS TO RELEASE COLORADO STATE UNIVERSITY, ITS GOVERNING BOARD, AND THE STATE OF COLORADO FROM ANY LIABILITY RESULTING FROM YOUR PARTICIPATION IN THE ACTIVITIES DESCRIBED BELOW, AND TO WAIVE ALL CLAIMS FOR DAMAGES OR LOSSES AGAINST THE UNIVERSITY WHICH MAY ARISE FROM SUCH ACTIVITIES EVEN IF THEY RESULT FROM NEGLIGENCE.

RELEASE FROM RESPONSIBILITY, ASSUMPTION OF RISK, AND WAIVER

PARTICIPANT'S FULL NAME: _____
DATE OF BIRTH (MO/DAY/YR): _____
ADDRESS: _____
LOCATION OF ACTIVITY(IES): _____
DATE(S) OF ACTIVITY(IES): START DATE: _____ END DATE: _____
Check one: ☐ **CSU STUDENT OR** ☐ **NON-STUDENT**
DESCRIPTION OF ACTIVITIES: _____

INSURANCE INFORMATION:
IF STUDENT: I am aware that as a student of Colorado State University, I can purchase accident insurance, either through Colorado State University (*if available*) or through another insurance carrier or agent, and (*check one*) ☐ have ☐ have not exercised my right to do so.

NAME OF INSURANCE CARRIER: _____ POLICY NUMBER: _____

I, the undersigned participant, exercising my own free choice to participate voluntarily in the activities described above, and promising to take due care during such participation, hereby acknowledge that I have been informed of the nature of the activities and that I am aware of the hazards and risks which may be associated with my participation in the above-named activities, including the risks of bodily injury, death or damage to property which may occur from known or unknown causes. I understand, accept, and assume all such hazards and risks, and waive all claims against the State of Colorado, The Board of Governors of the Colorado State University System, and Colorado State University, and other persons as set forth above. I understand that I am solely responsible for any costs arising out of any bodily injury or property damage that I may sustain through my participation in normal or unusual acts associated with the above-named activities, regardless of whose fault may be the cause of my injuries or damages, EVEN IF CAUSED BY CARELESSNESS OR NEGLIGENCE, so long as the conduct which caused the injuries or damages was not grossly negligent, or willful and wanton.

Further, I hereby indemnify and hold harmless The Board of Governors of the Colorado State University System and Colorado State University, and their members, officers, agents, employees, and any other persons or entities acting on their behalf, and the successors and assigns for any and all of the aforementioned persons and entities, against any and all claims, demands, and causes of action whatsoever, whether presently known or unknown, of any person who suffers any injury, disability, death or other harm, to person or property or both, as a result of my participation in and/or presence at the above listed activities.

I have had sufficient time to review and seek explanation of the provisions contained above, have carefully read them, understand them fully, and agree to be bound by them. After careful deliberation, I voluntarily give my consent and agree to this Release From Responsibility, Assumption of Risk, and Waiver.

I HAVE READ, UNDERSTOOD AND AGREED TO THE ABOVE TERMS THIS _____ DAY OF _____, 20_____.
Signature of Participant whose printed name appears above:

_____ _____
Signature (date) Witness over 18 years of age (Parent or Guardian must sign in the presence of the Witness

If participant is under the age of 18, his or her parent or legal guardian must also sign:
I, (printed name) _____, am the parent or legal guardian of the participant who has signed above. I have read and I understand the provisions of this document, and acting on behalf of the participant, I consent to the participant taking part in the activities described above, and I fully enter into and agree to the above Release From Responsibility, Assumption of Risk, and Waiver as authorized pursuant to C.R.S. section 13-22-107.

_____ _____
Signature of Parent or Legal Guardian (date) Witness over 18 years of age (Parent or Guardian must sign in the presence of the Witness