Communication Studies Internship Guidelines
SPCM387

SPCM387 allows one credit in a given semester for completion of an internship in the field of communication. Students may take a maximum of three semesters of SPCM387, which would be a total of three credits. Internship credit is to be awarded for work done during the term of enrollment ONLY. Students should complete the paperwork and register for SPCM387 before registration closes for the semester. NO overrides will be given for late registration. No more than three credits total can apply toward graduation. Whether or not the student is paid is irrelevant to the obtaining of credit; however, in the case of unpaid internships, it is presumed that the hosting entity will comply with the standards set forth under the Fair Labor Standards Act. Workload expectations are a minimum of 5 hours per week over the course of the semester or a total of 75 hours over a portion of the semester.

STUDENT ELIGIBILITY REQUIREMENTS:
- Currently majoring in Communication Studies at CSU; Minimum 2.0 GPA;
- Successful completion of SPCM100, SPCM200, SPCM201, and SPCM207 before or concurrent with enrollment.

PURPOSE OF INTERNSHIP:
The purpose of SPCM387 is to encourage Communication Studies students to seek experience in the working world in one of the numerous areas of communication prior to graduation. Such experience should 1) augment classroom learning; 2) benefit the student in job searches after graduation; 3) acquaint the student with communication principles and practice outside the academic setting.

LOCATING AN INTERNSHIP:
Internship at any type of business or organization is permissible, but the internship duties should be oriented to a career in communication. The responsibility for locating an internship for SPCM387 is the student’s. The student should call the organization and make an appointment to discuss a possible internship. During the meeting, the student should discuss the information contained on this sheet. If the internship is agreed to, a copy of this information should be given to the person in question. If you have any questions concerning these procedures, the internship coordinator will be happy to answer them.

PRIOR TO BEGINNING THE INTERNSHIP, A STUDENT MUST:
1. Submit an Internship Agreement, filled out in full, to the SPCM387 coordinator for review;
2. Submit a copy of this form, with signatures by student and supervisor, indicating agreement to the procedures described herein;
3. Submit a completed CSU liability waiver form.
4. Receive approval of the intended internship from the Communication Studies internship coordinator;
5. Register for SPCM387 before the deadline for adding courses for the semester.

STUDENT RESPONSIBILITY:
During the process of locating an internship, doing the paperwork necessary to secure the internship, and actually working in the organization, students should remember that they represent Colorado State University and the department as well as themselves. A student who does a poor job, is not dependable, or creates problems of other kinds not only jeopardizes his or her own standing with the organization and his or her grade for the internship but will ruin the opportunity for another student who may want to work with the organization in the future. While the student is on the job, he or she is under the supervision of the organization.

WORKERS’ COMPENSATION:
For off-campus internships, if the student receives any remuneration for the internship, including but not limited to pay, room, or board, the student is NOT covered by CSU workers’ compensation but is covered by the hosting entity’s workers’ compensation or insurance. If the student does not receive any remuneration for an off-campus internship, CSU workers’ compensation covers the student. Students paid by non-University sources even though working in a University facility or engaged in University projects are not covered by CSU’s workers’ compensation. Students paid by CSU and working at CSU are covered by the University’s workers compensation.

GRADING:
Monthly Activity Report (submit via http://communicationstudies.colostate.edu/internship/activity_report) 20%
Supervisor’s Intern Evaluation (submit via http://communicationstudies.colostate.edu/internship/employer_evaluation) 40%
Intern’s Final Report 40%

Due dates and other course information available via RamCT.

Note: Italicized portions include important information for hosting entities.

Return application packet (application and liability waiver form) to:
Department of Communication Studies
Behavioral Sciences Building A203
## Student Information

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## Sponsor and Advisor Information

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<th>Name of Sponsoring Organization (the company for whom you will work):</th>
<th>Name of Supervisor:</th>
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## Work Schedule

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<th>Indicate the time period you will work:</th>
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<th>End Date</th>
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<th>Number of hours you will work per week:</th>
<th>Number of Credits:</th>
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<th>Registered for (Specify Course):</th>
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<p>| Semester working (Place an X in the appropriate box): |</p>
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<th>SU</th>
<th>FA</th>
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### Remuneration

(allocate $ / hr.)

(please list)

(please list)

(please list)

(please list)

(please list)

Please note: For off-campus internships, if the student receives any remuneration for the internship, including but not limited to pay, room, or 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.
Job Description
A brief description of your duties. This is used to determine whether or not the position will be applicable to your field of study and eligible for internship credit:

Student’s Personal Learning Objectives
List one or two specific goals describing the knowledge you plan to obtain or the communication skills you will develop during this internship. While your goals may change during the semester, the following objectives are typically the basis for your final report (i.e., these objectives will be compared to the content of your final report.)

Student Obligations
By signing the statement below, the student is agreeing to:

1. Submit monthly activity reports in a timely manner.
2. Have your supervisor submit an evaluation during the last week of the semester within which you have your internship.
3. Submit a final report using the provided form and instructions during the last week of the semester.
4. Inform the Internship Coordinator of any changes to the internship agreement (i.e., hours, pay, responsibilities, etc)

NOTE: It is the student’s responsibility to make sure the internship elective credits will satisfy requirements toward graduation. The best way to do this is by discussing it with your faculty advisor.

Signatures
The following signatures indicate receipt and understanding of this Student Internship Agreement.

Student _________________________________________  Date _________________

On-site supervisor  ___________________________________  Date _________________

Departmental coordinator _____________________________  Date _________________
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:

______________________________ Witness over 18 years of age (Participant 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.

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