



PLSI 158i/PLSI 190 -Internship Proposal & Learning Plan Agreement

READ THIS FIRST: This form is required for ALL students wishing to receive academic credit for an internship through the Political Science Department, regardless of how the Internship was obtained. Please provide accurate and complete information below to ensure the quickest turnaround for the approval process. **INTERNATIONAL STUDENTS** must submit proof of CPT Workshop Attendance along with this petition; contact ISSP for more information regarding the workshops.

STUDENT INFORMATION

Student Name: _____

Fresno State Email: _____@mail.fresnostate.edu

Semester applying for internship credit: Spring ☐ Fall ☐ YEAR: _____ Course _____

COMPANY INFORMATION

Please note the following: In most cases a student may not count a current job for internship credit. A student may propose an experience at their present work place as long as it is a progressive, NEW learning experience in the area of study. The internship must be a minimum of 120 hours for students in PLSI 158i and a minimum of 150 hours for students in PLSI 190 who are taking 3 units. You must be supervised by someone who is an expert in the work the student will be performing. A student may not complete an internship under the supervision of a parent or other family member. We reserve the right to contact the proposed supervisor to verify information contained on this proposal.

Internship Site Agency/Organization Name: _____

Business Address: _____

Phone Number: _____ Website: _____

Proposed Internship Site Supervisor Name: _____

Title: _____ E-mail: _____

Number of years of experience the Internship Site Supervisor has in the type of work you (the student) will be doing during your internship: _____

Have you (the student) or are you currently working for this organization? ____ Yes ____ No

If yes, in what capacity: _____

Type of Organization: For-Profit ☐ Non-Profit ☐ Government ☐ Political Campaign ☐ Other ☐

Select One: Unpaid Internship ☐ Paid Internship ☐ Rate of Pay: _____ per _____

Hours per Week: _____ Proposed Start Date: _____ Proposed End Date: _____

PROPOSED INTERNSHIP POSITION INFORMATION

Proposed Internship Job Title: _____

This internship will be performed: Remotely ☐ In-Person ☐ A combination of both ☐

Found This Position: _____

Job Description/Proposed Internship Activities:

PROPOSED LEARNING GOALS - Each academic intern is required to set learning goals in a collaborative process that allows the student and supervisor to mutually benefit from the internship experience. Please fill out the following questions regarding what you hope to learn and how the proposed internship experience will relate to your academic area of study.

What do you hope to achieve by participating in this internship experience?

What specific knowledge do you hope to gain from this proposed internship?

What specific professional skills do you hope to gain from this proposed internship?

How will this internship relate to your academic major?

Additional Internship Course Learning Outcomes

The internship will provide students with the opportunity to:

- Gain practical experience working in a professional environment in student's field of study
- Build and apply knowledge applicable to a career in Political Science and Public Policy
- Gain insight into politics and policymaking to assist in the career decision making process
- Understand and develop key skills employers seek in college graduate

STUDENT PARTICIPATION AGREEMENT

1. I (Student) will devote _____ hours per week towards completion of the learning objectives listed in my learning plan for a total of **120 internship service hours for students in PLSI 158i and 150 internship services hours for students in a three unit section of PLSI 190** effective from _____ to _____. I agree to complete any paperwork and orientations required by my professor or site supervisor as part of this learning activity.
2. I understand and acknowledge that there are potential risks associated with this internship, some of which may arise from **(a)** my assigned tasks and responsibilities, **(b)** the location of the learning activity, **(c)** the physical characteristics of the Internship Site, **(d)** the amount and type of criminal activity or hazardous materials at or near the location of the Internship Site, **(e)** any travel associated with the Internship, **(f)** the time of day when I will be present at the Internship Site, **(g)** the criminal, mental and social backgrounds of the individuals I will be working with or serving, and **(h)** the amount of supervision I will receive. I further understand and acknowledge that my safety and well-being are primarily dependent upon my acting responsibly to protect myself from personal injury, bodily injury or property damage.
3. Acknowledging all of the above, I assume all related risks, both known or unknown to me, of my participation in this activity, including travel to, from and during the activity. I understand that I may stop participating at any time if I believe the risks become too great.
4. I understand that until a signed Experiential Learning Agreement is executed with my requested organization, I assume full responsibility and liability while interning at this site, which is detailed in the Release of Liability/Emergency Contact form that must be signed by all student internship participants. Once an Experiential Learning Agreement has been signed and executed, I will be covered by the University's General Liability Insurance program while enrolled in this internship course. If an Experiential Learning Agreement is not fully executed prior to the start of my internship, and I do not agree to fully accept liability, I will contact my faculty member about locating an alternate internship site.
5. While participating in this Internship, I will **(a)** exhibit professional, ethical and appropriate behavior; **(b)** abide by the Internship Site'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 Site if I believe I will be late or absent; and **(g)** respect the privacy of the Internship Site's clients.
6. While participating in this Internship, I will not **(a)** report to the Internship Site 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 Site representative; **(f)** engage in behavior that might be perceived as discriminating against an individual on the basis of their age, race, gender, sexual orientation, physical and/or developmental or intellectual capacity or ethnicity; **(g)** engage in any type of business with clients during the term of my placement; **(h)** disclose without permission the Internship Site's proprietary information, records or confidential information concerning its clients; or **(i)** enter into personal relationships with a client or Internship Site representative during the term of my placement. I understand that the Internship Site may dismiss me if I engage in any of these behaviors.
7. I agree to contact the University's Administrator of Environmental Health & Safety, Risk Management at (559) 278-6910 if I believe I have been discriminated against, harassed or injured while engaged in this Internship. Please call Campus Police after hours at 278-8400.
8. I understand and acknowledge that neither the University nor the Internship Site assumes any financial responsibility in the event I am injured or become ill as a result of my participating in this learning activity. I

GENERAL PROVISIONS

understand that I am personally responsible for paying any costs I may incur for the treatment of any such injury or illness. I acknowledge that the University recommends that I carry health insurance.

1. The Internship Site Supervisor agrees to provide an orientation that includes a site tour; an introduction to staff; a description of the characteristics of and risks associated with the Internship Site's operations, services and/or clients; a discussion concerning safety policies and emergency procedures; and information detailing where students check-in and how they log their time. They will also provide applicable training and safety equipment that may be necessary.
2. The University will provide all students enrolled in an Internship Course with Student Academic Field Experience for Credit Liability Insurance (SAFECLIP) only if an Experiential Learning Agreement, which is separate from this Internship Learning Plan Agreement, has been executed between the Internship Site and the University. This insurance coverage provides professional and personal general liability coverage for students enrolled in Internship Course sections for which they are receiving academic credit. Proof of such coverage will be provided upon request to the Internship Site. For more information about the Experiential Learning Agreement, please contact the University Internship Coordinator at 559.278.4207.
 - ☐ A Valid Experiential Learning Agreement between the University and the Learning Site has been executed. The student will be covered by SAFECLIP during the time that the student is enrolled in an internship course for this internship.
 - ☐ No Experiential Learning Agreement has been executed. The student assumes full responsibility and liability while interning at this site.
 - ☐ This is a paid internship or an internship with a department of California State University, Fresno. No Experiential Learning Agreement is required.

_____ Student Acknowledges Status of Experiential Learning Agreement

3. The Internship Site Supervisor should notify the University as soon as is reasonably possible of any injury or illness to a student participating in a learning activity by calling (559) 278-6910 or (559) 278-8400.
4. The Internship Site Supervisor and the University will meet upon request or as necessary to resolve any potential conflicts and to facilitate a mutually beneficial experience for all involved. If it is determined that the internship placement fails to be in the best interest of the scholar, internship site, and/or California State University, Fresno, either party (the university or the internship site) may terminate this particular internship upon giving written notice as soon as reasonably possible to the other party.
5. The Internship Site may dismiss a student if the student violates its standards, mission or goals. The Internship Site Supervisor will notify the University as soon as reasonably possible of the student's dismissal.

I have read, understand and agree to comply with these guidelines.

Student

Date

Proposed Internship Site Supervisor

Date

Internship Course Faculty

Date

Please allow up to 2 weeks for processing. You will receive a completed copy of this agreement if approved. If you have questions, please contact the faculty member who is teaching your internship course.

OFFICE USE ONLY:

Course: _____ Course Number: _____ Permission Number: _____