

SELF-PLACED INTERNSHIP FOR ACADEMIC CREDIT

Course Name/
Number: _____ Semester: _____ Year: _____

STUDENT INFORMATION

Name: _____

Major: _____ Id Number: _____

Intern Position Title: _____

Number of Work Hours per Week: _____ Start Date: _____ End Date: _____

COMPANY/ORGANIZATION INFORMATION

Company/
Organization Name: _____

Location Address: _____

City, State and Zip: _____

Supervisor's Name/Title: _____

Telephone Number: _____ Fax Number: _____

Email Address: _____ Business URL: _____

COMPANY/ORGANIZATION NON-DISCRIMINATION

California State University, Long Beach is committed to equal opportunity employment and does not make its facilities, programs, or services available to any employer who unlawfully discriminates, as prohibited by state and federal laws, in the selection of employees. By signing below, you state that your company/organization complies with applicable state and federal non-discrimination regulations.

Company/Organization Representative's Signature

Date

Representative's Printed Name and Title

STUDENT RELEASE, HOLD HARMLESS & ASSUMPTION OF RISK

In consideration of my participation in the above described internship, I hereby agree to assume all risk of any kind of injury or damage I may receive or sustain as a result of my participation, including bodily injury, property damage, personal injury or death. Accordingly, by signing below, I hereby completely release and hold harmless and forever discharge the State of California; the Trustees of the California State University; California State University, Long Beach; and each and every representative, employee, officer, volunteer, and agent of each of them, from liability or responsibility for any and all claims, damages, injuries, losses or causes of action that may result from or arise out of my participation in the described activities. I also understand and agree that this release shall be binding as against my heirs and assigns.

Additionally, I understand and agree that I am entering into this particular internship by self-placement* and that the CSU and CSULB have not entered into an Affiliation Agreement with this company/organization and that the CSU and CSULB do not provide Workers' Compensation insurance coverage.

Student's Signature

Student ID #

Date

*If you choose not to sign this release and hold harmless agreement, please see your Faculty Advisor for possible alternatives.
:Self Pled Internship 2008