



INSTRUCTION DOCUMENT

BUS 4430 – Internship/Cooperative Education

Instructions:

1. Complete the BUS 4430 Student Contract, Employer Contract, and University Liability Statement (below) with the appropriate information and signatures.
Disclaimer: The contract and liability statement must be completely filled out and include all required signatures. Incomplete forms will not be accepted.
2. Submit the **Internship Application**, attaching your signed Internship Contact and a PDF of your Internship/Job Description.
3. The Internship Application will be submitted to your designated Area Chair for Concentration Elective approval. Check the Internship Application for deadlines.
 - If your Internship Application is **approved**, you will be deemed eligible to enroll in BUS 4430 and apply 1-9 units towards your Concentration Elective Degree Requirement.
 - If your Internship Application is **denied**, you may still be eligible to enroll in BUS 4430, but the course will apply towards your Free Electives units rather than a specific degree requirement.
 - NOTE: If you are declared as a **Marketing Management** or **Management and HR** Concentration and your Internship Application is denied, you may **not be eligible** to enroll in BUS 4430.
4. Upon approval, you will be contacted via your Cal Poly email with course enrollment instructions, including a permission number that will allow you to enroll. Students are responsible for adding the course before the add/drop deadline to guarantee enrollment.



STUDENT CONTRACT

BUS 4430 (Internship/Cooperative Education)

Current Term: _____ Year: _____

Date: _____

INFORMATION:

- In order to meet course requirements and receive credit for BUS 4430:
 - This contract must be completed and submitted before the deadline
 - The student must self-enroll in BUS 4430-01 using class # provided by Orfalea Student Services
 - The student must submit one Progress Report and a Final Report via Canvas by established due dates

I. STUDENT

The student is agreeing to...

1. Work, in consideration of the mutual promises contained herein, for and in the services of the employer under the terms and conditions herein agreed upon.
2. Submit one Progress Report and a Final Report by established due dates.

The student's signature certifies that all provided information above is correct. Additionally, it implies that the student has read, understands, and will adhere to all the requirements indicated on the BUS 4430 Contract.

Student Signature: _____ **Date:** _____



EMPLOYER CONTRACT

BUS 4430 (Internship/Cooperative Education)

Current Term: _____ Year: _____

II. EMPLOYER

The employer is agreeing to...

1. Verify the student's employment
2. Submit final employer report verifying hours worked and evaluating student performance

Company Name: _____

Supervisor Name/Title: _____

Supervisor E-mail: _____

The employee will be employed from ____/____/____ until ____/____/____

The employee will work for _____ hours/week for _____ weeks.

Students' Job title: _____

The employer's signature certifies that all information above is correct. Additionally, it implies that the employer has read, understands, and will adhere to all the requirements indicated on the BUS 4430 Contract.

Employer Signature: _____ **Date:** _____



LIABILITY STATEMENT

BUS 4430 (Internship/Cooperative Education)

Current Term: _____ Year: _____

Qualified Cal Poly students may earn university credit while working as an Intern for a cooperating institution if the requirements of the Internship/Co-op are successfully completed. Because the day-to-day requirements and obligations of the Intern/Co-op are conducted under the sole jurisdiction of a designated officer in the cooperating institution, the University does not, nor can it, assume any liability for the safety and/or health care of the Intern/Co-op.

In accepting an Internship/Co-op, the student acknowledges the full release of any liability on the part of the University for physical or other accidents. The Internship/Co-op agrees to assume full responsibility for reviewing with the cooperating institution any employee benefits that may be available (i.e., health and accident insurance, liability insurance, workers' compensation, etc.). In the event the cooperating institution does not provide desired benefits, it will be the responsibility of the student to make his or her own arrangements, if desired.

In signing this statement, the student acknowledges full understanding of the liability statement, and consents to the same.

Student Signature: _____ Date: _____

FINAL STEP: Submit the BUS 4430 STUDENT CONTRACT, EMPLOYER CONTRACT, AND LIABILITY STATEMENT along with the online Internship Application. If you have any questions, please contact Orfalea Student Services.