INTERNATIONAL APPLICATION FORM
IMPORTANT – READ CAREFULLY
SPRING 2019

STUDENT INFORMATION

Eligibility for an internship is based on the following qualifications:

1. Be in good academic standing with the University of Arizona (UA) and have maintained at least a 2.00 grade point average (major and cumulative) at the University of Arizona prior to enrolling for an internship.
2. Have earned a minimum of 30 college level credits (Sophomore status or above.)
3. Completed at least one full-time semester at the UA (12 units or more) and be currently enrolled.

The intern student understands:

1. Criminal Justice Studies and Public Management and Policy students are required to do an internship directly related to their major with a 501(c)(3) non-profit or government agency.
2. Double majors in CJS and PMPC must do an internship for each major.

The intern student must INITIAL each statement below to indicate understanding of the following:

_____ If you have found an internship NOT on our website, you must FIRST ask your internship supervisor to complete the Internship Description found on the website BEFORE completing this form.
_____ Students must complete this form and obtain all signatures prior to submitting the online Internship Application to the School of Government and Public Policy.
_____ Before signing the Internship Assumption of Risk Release Form (pages 5 & 6), discuss with your internship supervisor the possible risks and dangers associated with the internship.
_____ After submitting this application, verify addition of the internship to the appropriate semester schedule.
_____ Internship credit is regular academic credit. Therefore, all usual UA tuition rates, fees, and deadlines apply. If you receive financial aid, consult with the Financial Aid Office prior to registering.
_____ Students must read the Internship Syllabus, all instructor emails, and complete all academic assignments and reporting requirements.
_____ Recognize that you are representing the University of Arizona as an ambassador to the community and abide by the Student Code of Conduct and Code of Academic Integrity.
_____ Understand and follow the policies, procedures, rules, and regulations of the sponsoring organization.
_____ Be prepared to perform your internship duties for the hours and duration specified. Talk with the supervisor about any University holidays.
_____ If your organization has personnel policies prohibiting supervisors from providing a written intern evaluation, make special arrangements for your supervisor to speak directly with the course instructor.
_____ International students must apply for and receive Curricular Practical Training (CPT) approval from International Student Services (ISS) before participating. More information can be found on the ISS website under F-1 Student Employment: Curricular Practical Training.

SPRING 2019

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<thead>
<tr>
<th>Internship Semester</th>
<th>Student Name</th>
<th>SID #</th>
<th>Date</th>
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Cell Phone Number

Work Telephone Number

UA E-mail Address

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<tr>
<th>Major/s &amp; Minor</th>
<th>Academic Year &amp; semester (Ex – 1st semester Senior)</th>
<th>Projected Graduation Date</th>
<th>Cumulative GPA</th>
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Emergency Contact

Relationship

Telephone Number
SPONSORING ORGANIZATION INFORMATION

Sponsoring Organization assigns a professional employee as Internship Supervisor and agrees to the following:

1. Make individual arrangements, if agreed upon between the student and organization, for any wage, stipend or other benefit of service deemed appropriate.
2. Provide pertinent policies and procedures to students prior to the beginning of the internship.
3. Train and provide relevant education and training for the student intern.
4. Supervise and evaluate the intern’s performance and provide regular feedback throughout the term of the internship.
5. Maintain the intern status of the student, to be distinguished from employment status.
6. Notify the department of any major issues with the intern and if a decision is made to remove the student from an internship prior to the agreed upon time, provide a written report to the department stating the reasons for intern’s termination.
7. Complete and submit the Internship Final Evaluation form by the dates specified by the department, and submit them in the manner specified.

Sponsoring Organization: ______________________________ Division/Department: ______________________________

Internship Supervisor: ______________________________ Supervisor’s Title: ______________________________

Supervisor’s Email: ______________________________ Supervisor’s Phone: ______________________________

Internship Location/Address: ______________________________

Internship hours must be completed within the designated dates of the term - Spring 2019: January 9 – May 1, 2019

Work Schedule: ______________________________ Hours per week: _____ Total internship hours: _______

Compensation: (circle all that apply) $_____Per Hr/Wk/Mo / Room & Board / Stipend / Scholarship / Experience

___________________________________________________________________________________

SGPP DEPARTMENT INFORMATION

The Department and/or Course Instructor agree(s) to the following:

1. Select students who are in good academic standing.
2. Ensure that students are NOT awarded internship credit for their ongoing job.
3. Inform students of the necessity of complying with pertinent department and workplace policies and procedures.
4. Require that the instructor document communications with the student and the work supervisor regarding internship activities.
5. Notify the student that, unless other agreements are made between the student and instructor, the instructor and department will not be responsible for any financial obligations incurred by the student for his/her participation; this includes, but is not limited to, travel and housing arrangements.
6. Notify the student that neither the instructor nor the University will be responsible for the payment of any medical care for injuries alleged to have resulted from the student’s work experience.
7. If the student’s internship involves doing research with human subjects (e.g., collecting data), make sure that Human Subjects training is provided as appropriate to the student’s assignment. [Check the Human Subjects Protection Program to determine if training is needed: http://www.irb.arizona.edu/faqs.html ]
8. Address the kind and amount of compensation (if any) that the department permits for internship credit (e.g., volunteer work, paid employment, a scholarship, room and board).
9. Send to the supervisor of the sponsoring organization the Supervisor’s Internship Evaluations for completion and specify the deadline for these forms to be returned to the course instructor.
STUDENT REGISTRATION, TUITION AND FEES INFORMATION & SIGNATURE

All usual University of Arizona tuition rates, fees, and deadlines apply. Students must pay tuition and registration fees for internship credits. Please consult the Tuition and Fees Calculator at http://www.bursar.arizona.edu/students/fees to determine the charges for your internship credits.

The University and Board of Regents have set a standard of 45 hours of work for each unit of internship credit. Internship hours must be completed within the designated dates of the term. Spring 2019: January 9 – May 1, 2019

Number of hours student will work by the end of the term for which student will receive credit: ____________

Courses: Criminal Justice-PA 493 / Public Management & Policy-PA 393 / Political Science- POL 393

I authorize the SGPP Internship Coordinator to register me for _____ credits in ________ course for the _________ term.

___________________________________________________ _________________________
Student's signature       Date

CONDITIONS OF AGREEMENT

The Department and Sponsoring Organization, in finalizing this agreement, shall make no distinctions or discriminate against any applicant for internship credit on the basis of sex, race, creed, national origin, age, or handicap.

In consideration of the opportunity to participate in this internship, the undersigned Student and Sponsoring Organization do for themselves, their heirs, administrators and assigns, hereby release, discharge, and indemnify the University of Arizona, the College of Social and Behavioral Sciences, the School of Government and Public Policy, its representatives, administrators, employees, and students from any and all liabilities, losses, damages, claims, fines, suits or actions of any kind and nature, resulting from or arising out of any actions, omissions, or negligence of the performance of this agreement. Furthermore, the Sponsoring Organization will provide the student intern with safety procedures and information as is customarily provided regular employees of the Sponsoring Organization.

INFORMED LIABILITY STATEMENT

I understand that The University of Arizona and its representatives have arranged to establish an internship position with the Sponsoring Organization, which complies with academic and employment regulations, policies, and procedures of The University of Arizona.

The daily managerial control and working conditions of the internship are under the sole discretion of the Sponsoring Organization and its designated agents. Consequently, I understand that The University of Arizona, College of Social and Behavioral Sciences, the School of Government and Public Policy, its deans, directors, administrators, and employees, do not assume and cannot assume any liabilities, losses, or damages to me or others resulting from or connection with acts, judgments, omissions, or negligence occurring during my work for and with the direction of the Sponsoring Organization or its agents. In consideration of this, I have been informed of the importance of securing employer benefits or making my own arrangements for personal and professional liability.

This agreement can be terminated at any time by mutual consent of the Sponsoring Organization, course instructor, and the student.

Student intern agrees to notify the Sponsoring Organization and the College/School Department two weeks prior to the end of the internship.
CONDITIONS OF AGREEMENT continued

I have read and understand this document.

__________________________________________  ________________________
Student Signature                        Date

__________________________________________  ________________________
Sponsoring Organization Supervisor Signature  Date

__________________________________________  ________________________
Department Course Instructor Signature  Date

SUBMIT THIS APPLICATION ON THE SGPP WEBSITE

SGPP DEPARTMENT INFORMATION

School of Government and Public Policy                        Social and Behavioral Sciences
Department                                                      College/School

Susan Warren                                                      Internship Coordinator
Internship Instructor                                           Title

PO Box 210027, Social Sciences Room 315                        Tucson
Department Mailing Address                                     AZ          85721

susanwarren@email.arizona.edu                                   (520) 621-5120
E-mail Address                                                 (520) 621-1000
Telephone
University of Arizona Internship

ASSUMPTION OF RISK AND RELEASE FORM

THIS IS A RELEASE OF LEGAL RIGHTS – READ AND UNDERSTAND BEFORE SIGNING
(If student is under 18 years of age, a parent or legal guardian must also read and sign this form)

Student Participant: ____________________________ Date of Birth: __________

Student ID: ____________________________ Major: ____________________________

Internship Course: ____________________________ Sponsoring Organization: ____________________________

I hereby agree as follows:

RISKS OF PARTICIPATION

I recognize that there are dangers and risks to which I may be exposed by participating in this internship. The following is a description and examples of specific, significant, non-obvious dangers and risks associated with the internship, as explained by the on-site internship supervisor:

I understand that the University of Arizona (the "University") does not require me to participate in the internship, but I want to do so, despite the possible dangers and risks and despite this Release.

I therefore agree to assume all of the risks and responsibilities that are in any way associated with the internship.

HEALTH & SAFETY

I understand and agree that the University and its governing board, administrators, and employees (the "Releasees") do not have medical personnel available at the Sponsoring Organization, which is the site location for my internship. I understand and agree that the Releasees are granted permission to authorize emergency medical treatment, if necessary, and that such action by the Releasees shall be subject to the terms of this Agreement. I understand and agree that the Releasees assume no responsibility for any injury, damage or cost which might arise out of or in connection with such authorized emergency medical treatment.

I have consulted with a medical doctor with regard to my personal medical needs. There are no health-related reasons or problems that preclude or restrict my participation in this internship. I have arranged, through medical insurance or otherwise, to meet any and all needs for payment of medical costs while I participate in the internship.

I understand that neither the Releasees nor the Sponsoring Organization are obligated to provide transportation in connection with the internship. I understand that I am expected to carry my own automobile liability insurance coverage.

STANDARDS OF CONDUCT

I will comply with the University's Student Code of Conduct and Code of Academic Integrity, as well as the standards of conduct for employees of the Sponsoring Organization. I waive and release all claims against the University that arise at a time when I am not under the direct supervision of the University or that are caused by my failure to remain under such supervision or to comply with such codes and academic standards.
STANDARDS OF CONDUCT (continued)

I agree that the University has the right to enforce the standards of conduct described at:
http://studpubs.web.arizona.edu/policies/cofe.htm,
as well as at:
http://studpubs.web.arizona.edu/policies/cacaint.htm,
and that the University will impose sanctions, up to and including expulsion from the internship or from the University,
for violating these standards or for any behavior detrimental to or incompatible with the interest, harmony, and welfare of
the University, the department’s internship program, the Sponsoring Organization, or other student participants.

The University has the right to make changes in the format and administration of the internship. I understand that the
University has no control over the operations or premises of the Sponsoring Organization, and that I will be under the
supervision of a representative of that organization while I am participating at the internship.

ASSUMPTION OF RISK AND RELEASE OF CLAIMS

Knowing the risks described above, and in consideration of being permitted to participate in the internship, I agree, on
behalf of my family, heirs, and personal representative(s), to assume all the risks and responsibilities surrounding my
participation in the internship. To the maximum extent permitted by law, I release and indemnify the Releasees from and
against any present or future claim, loss or liability for injury to person or property which I may suffer, or for which I may
be liable to any other person, during my participation in the internship (including periods in transit).

I have carefully read this Release Form before signing it. No representations, statements, or inducements, oral or written,
apart from the foregoing written statement, have been made. This agreement shall become effective only upon receipt by
the University of Arizona in the School of Government and Public Policy and shall be governed by the laws of the state of
Arizona, which shall be the forum for any lawsuits filed under or incident to this agreement or to the internship.

Signature of Student Participant __________________________ Date ____________
Signature of Parent/Guardian (if student is under age 18) ______________________________________ Date ____________