STEPS TO RECEIVING CREDIT FOR YOUR INTERNSHIP:

1. Complete the Internship/Co-op Contract and the University Liability Statement with the appropriate information and signatures.

2. Email the completed forms to Orfalea Student Services.

3. Upon contract approval, you will be issued a permission number via email to enroll in BUS 430, the internship/co-op credit course. You must add the course before the Add/Drop deadline in order to guarantee enrollment in the course. The Add/Drop deadline is the 8th day of instruction of the quarter.

FREQUENTLY ASKED QUESTIONS:

Can I receive credit for an internship I did last quarter?
No, you cannot receive retroactive credit for an internship/co-op under any circumstances. In other words, you must be enrolled in BUS 430 during the quarter in which you are completing your internship.

If I am in a summer internship, do I have to pay the summer tuition price?
Thus, students wishing to receive internship/co-op credit during the summer are required to enroll in BUS 430 during Summer Quarter and pay all necessary fees according to University course/unit fee requirements.

How is BUS 430 graded, and how many units do I get?
All Internships/Co-ops are automatically CR/NC grading. The amount of units a student can receive for completing an internship is up to the discretion of the student’s Area Chair and is determined based on several factors, including but not limited to, the hours per week and the total number of weeks the student will be participating in his or her internship.
INTERNSHIP/CO-OP CREDIT CONTRACT

This agreement has been entered into on this ______________ day of ______________, 20_____ by and between __________________________________________________, (employing firm) ____________________________________________ (employee/student in the Orfalea College of Business at California Polytechnic State University), and the Orfalea College of Business at California Polytechnic State University.

BASIC INFORMATION

- In order to meet course requirements and receive credit, the four reports listed below must be submitted to the student to Orfalea Student Services in accordance with the due dates specified on PolyLearn.
  - Progress Report 1
  - Progress Report 2
  - Final Report
  - Employer Report
- Reports will only be accepted up to 7 weeks after their due dates (with appropriate late points assigned). Reports will not be accepted after that time.
- At the end of the quarter, all reports will be forwarded to the OCOB Assistant Dean.

GENERAL AGREEMENTS

The student is agreeing to...
1. Serve in the capacity of an Intern/Co-op with general responsibilities consistent with the purpose of the Internship/Co-op Program and otherwise agreed upon by the academic supervisor and employing firm.
2. 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.

The employer is agreeing to...
1. Oversee the employee in adherence to the principles stated within the internship contract.
2. Submit an employer’s report through a link provided on the Student Services website (students will also be given the link) at the conclusion of the student internship or co-op.

The Area Chair is agreeing to...
1. Ensure that the contract submitted by the student and the employer is consistent with the standards of the Cal Poly curriculum.
2. Decide whether or not, at the conclusion of the student has earned credit for the internship.
I. STUDENT

Last Name, First Name: ________________________  Cell Phone: ___________________
Major/Concentration:   ________________________  Cal Poly GPA:  _______________
Cal Poly Email Address ________________________  EMPL ID: ____________________
Street Address:   ______________________________________________________
City, State, Zip Code:  ______________________________________________________

The student’s signature certifies that all information above is correct. Additionally, it implies that
the student has read, understands, and will adhere to all the requirements indicated in the
Internship/Co-op Contract.

Student Signature: ___________________________________________ Date: __________

II. EMPLOYER

Name of Company:   ______________________________________________________
Address, City, State:   ______________________________________________________
Company Phone Number: ______________________________________________________
Supervisor Name/Title:  ______________________________________________________
Supervisor E-mail:  ______________________________________________________
The employee will be employed from ____/____/______ until ____/____/______.
The employee will work for ______ hours/week for ______ weeks at a salary of $ ________.
Students’ Job title and description (if you need more space, please attach a description):

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

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 in the
Internship/Co-op Contract.

Employer Signature: ________________________ Date: __________
III. AREA CHAIR

Name: ________________________________________  Area: ___________________
Quarter (circle one):  Summer  Fall  Winter  Spring  Year: ________________
Total # of Units Assigned: _________
**Please discuss unit count with student – See chart below.
**Note: student may request less than recommended unit count.

The Area Chair’s signature certifies that all information above is correct. Additionally, it implies
that the Area Chair has read, understands, and will adhere to all the requirements indicated in
both the Internship/Co-op Contract.

Area Chair Signature: ________________________________________ Date: ____________

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**How Many Units Can the Student Receive?**

<table>
<thead>
<tr>
<th>Number of Units</th>
<th>Number of Hours Worked during the Quarter</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><em>(Number of Hours Worked Per Week x Length of Internship)</em></td>
</tr>
<tr>
<td>2</td>
<td>100-249</td>
</tr>
<tr>
<td>4</td>
<td>250-399</td>
</tr>
<tr>
<td>6</td>
<td>400+</td>
</tr>
</tbody>
</table>

*Example: Working 10 Hours per Week X 10 Weeks = 100 Hours --> 2 Units*
INTERNERSHIP/CO-OP LIABILITY STATEMENT

Qualified Cal Poly students may earn university credit while working as an Intern/Co-op 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 Intern/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: _____________

Submit the Internship/Co-op Liability Statement along with the Internship/Co-op Contract to Orfalea Student Services (cobadvis@calpoly.edu).