GRADUATE INDIVIDUAL STUDIES FORM

This form is to be completed by the student and Site Supervisor and submitted to Advisor Dr. Bruce Fulton, bfulton@email.arizona.edu, and Individual Studies Director Dr. Diana Daly, didaly@email.arizona.edu. Once the form has been signed by all applicable parties OR proof of agreement is achieved electronically, this form will be forwarded to the Program Coordinator, Grace Green, greeng@email.arizona.edu who will register the student electronically. Students cannot receive any individual studies credit without this completed form. The deadline for Fall Semester is August 1; Spring Semester is Dec 1; Summer term is May 1.

Student Name:___________________________________   Student ID:_________________

Phone: __________________________________   UA Email:_________________________

Cumulative GPA: ___________   Semester:_______________         Year:_________

Course Prefix (Circle one):   LIS           INFO

Course Number (Circle one below):
Internship:    693   Independent Studies:  699
Capstone Internship:  698   Directed Research:   692 (INFO only)

Campus (Circle one below):
MAIN CAMPUS             UAONLINE

REGISTRATION, TUITION, AND FEES

The University and Board of Regents have set a standard of 135 hours of work for the standard 3 units of credit.

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

Number of units for which the student wishes to register: _________

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 maximum amount of Individual Studies credit that can be registered for through the School of Information is 6.

Site supervisor name, email address, and mailing address:

Name: _______________________________ Email: _______________________________

Address: ___________________________________________________________________________

Supervisor Title and Position / Sponsoring Organization: _____________________________________
With your application, complete these sections below and/or submit a one-page typed project plan addressing these topic areas.

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<th>Description of work to be performed:</th>
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<th>Goals or expected outcomes</th>
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<th>Reasons for undertaking the internship as related to your Plan of Study:</th>
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<th>Weekly schedule of total required hours (standard is 135 hours). Please note the amount of contact hours per week you expect to have with your supervisor:</th>
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<tr>
<th>Academic preparation – list all School of Information courses by title, course number and semester completed:</th>
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<tr>
<th>Student:</th>
<th>Date:</th>
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<tr>
<td>Site Supervisor:</td>
<td>Date:</td>
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<td>Site Supervisor Printed Name:</td>
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<td>Graduate Advisor:</td>
<td>Date:</td>
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<td>Individual Studies Director:</td>
<td>Date:</td>
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Internship credit may be denied if the following criteria are not met:

1. Be in **good academic standing** with the University of Arizona and have maintained at least a 3.00 grade point average at the University of Arizona prior to enrolling for an internship.
2. Be currently enrolled at The University of Arizona.
3. Not have outstanding Incomplete (“I”) coursework.

The student intern agrees to the following:

1. Discuss with your prospective supervisor at the work site the possible risks and dangers associated with the planned internship. Then complete and sign the **Internship Assumption of Risk and Release Form** and submit it along with the Internship Application.
2. Complete all reporting requirements of the internship. The reporting requirements are in D2L and students must submit their information, included a final evaluation from their supervisor, by the due dates.
3. 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.
4. Understand and follow the policies, procedures, rules, and regulations of the sponsoring organization.
5. Be prepared to perform your internship duties for the hours and duration specified. Talk with the supervisor about any University holidays.
6. **Students may not receive internship credit for their ongoing job, unless distinct work and supervision are present.** An internship typically may not be undertaken in the same department or unit of an organization in which a student is regularly employed. However, students working in libraries may complete either their capstone 698 internship or 693 internship in a different department under a different supervisor doing work that is clearly differentiated from their regular duties.
7. For students in **paid** internships: indicate on the application form how the internship work hours and duties exceed the normal job requirements with the sponsoring organization.
8. Ensure that your direct supervisor is able and willing to submit an evaluation on your behalf. Some organizations have personnel policies prohibiting your supervisor from providing a written intern evaluation. If this is the case, special arrangements must be made for your supervisor to communicate directly with the course instructor about your performance.
9. 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.

Student’s Signature: ___________________________________________ Date: ______________________
Student Participant: __________________________________________ Date of Birth: __________________________

Student ID: __________________________ 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 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 agree that the University has the right to enforce the standards of conduct described at: http://studpubs.web.arizona.edu/policies/cofc.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 College of Social and Behavioral Sciences 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 if Student under 18 ___________________________ Date __________