



UNDERGRADUATE INDIVIDUAL STUDIES FORM

This form is to be completed by the student and Site Supervisor and submitted to the Internship 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, the student will be registered by the Undergraduate Academic Advisor (Laura Owen; lauraowen@email.arizona.edu). 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 August 1.**

Student Name: _____ **Student ID:** _____

Phone: _____ **UA Email:** _____

Cumulative GPA: _____ **Semester:** _____ **Year:** _____

Course Prefix: ISTA*

ESOC majors will still be registered for ISTA credit. This can be used as elective credit.

Course Number (Circle one below):

Internship: 493

Independent Studies: 499

Honors Capstone: 498H

Directed Research: 492

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.

NOTE: 3 units of ISTA 492/3/9 is required for an ISTA BA or BS.

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.

Description of work to be performed:
Goals or expected outcomes
Reasons for undertaking the internship as related to your Plan of Study:
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:
Academic preparation – list all School of Information courses by title, course number and semester completed:

REQUIRED SIGNATURES:	
Student: _____	Date: _____
Site Supervisor: _____	Date: _____
Site Supervisor Printed Name: _____	
Faculty Internship Director: _____	Date: _____



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 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 credits.
3. Completed at least one full-time semester at the University of Arizona – 12 units.
4. Be currently enrolled at The University of Arizona.

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.** 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.
7. 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.
8. 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:** _____



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: _____

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