



This form must be signed by all parties before the start of the internship

Student Name

Student ID

Date

Enrollment Term and Year

Expected Graduation Term and Year

Faculty Advisor

Internship Agency or Organization

Description of Institution (include name, year established, general mission and/or purpose, and common types of projects that take place)

Please indicate if you are working for a particular program, division, department, laboratory, etc. within the organization

Internship Supervisor

Supervisor's email address

Internship Site Address

Title of your internship project

Intern position

Start Date

End Date

Average hours per week

Total hours planned (400 hrs. min)

Student Signature & date

Internship Supervisor Signature & date

Faculty Advisor Signature & date

ENSCI Academic Coordinator Signature & date

Science Internship Program use only

Internship Agreement: Short-term

Long-term

Internship Approved by:

The Internship Proposal must be 5 - 7 pages, (1 inch margins, 1.5 spacing, and 12 point font) with additional pages for appendices, figures, tables, and maps. All figures and tables must be properly captioned and referenced in the text where applicable. The proposal must include the following information:

1. General project description
 - introduction to the topic (context and background)
 - statement of the problem or goal
 - general objectives
2. Intern role and responsibilities
 - specific tasks and methodology
 - expected outcomes and/or deliverables
3. Relationship to ENSCI courses and skills
 - ENSCI courses and skills to be used in this internship
 - new skills and/or knowledge expected to be acquired through this internship
 - relevance to career path
4. Timeline
5. References (5 or more citations, at least 3 from peer reviewed sources)

Requirements to Receive Internship Credit

1. Approval of Internship Proposal (page 1 of this packet must be signed and approved by all parties).
2. Enrollment in the ENSCI Internship Course ENV5 594.
3. Successful completion of a minimum of 400 internship hours, as evidenced by the internship supervisor's submission of a Mid-Internship Evaluation (at approx. 200 hrs.) and a Final Internship Evaluation (at 400 hrs.). Evaluation forms are available in the ENSCI forms page.
4. Submission of an advisor-approved Internship Summary Report (this report is separate from other products and reports prepared for the sponsor; the template is available in the ENSCI forms page).

Evaluation Rubric for the ENSCI PSM Proposal

The purpose of this form is to both clarify the proposal expectations to the students and to help advisors provide feedback. The completed form can be turned in with the proposal, but it is not a requirement.

Student Name: _____ Advisor Name: _____

Internship Project Name: _____

1. Proposal Content	Points (1 - 5)	Comments (optional)
A. Introduction to the topic (context and background)		
B. Statement of the problem or goal		
C. General objectives		
D. Specific tasks and methodology		
E. Expected outcomes and/or deliverables		
F. ENSCI courses and skills to be used in this internship		
G. New skills and/or knowledge expected to be acquired through this internship		
H. Relevance to career path		
I. Timeline		
J. References (5 or more citations, at least 3 from peer reviewed sources)		
2. Project Quality	Points (1 - 5)	Comments (optional)
A. Level of relevance of the project into ENSCI course curricula		
B. Likelihood that the activity will be of significant educational value for the student		
C. Shows high quality in the design of the proposed activity		
D. Meets your expectations for a graduate level project proposal		
3. Quality of writing	Points (1 - 5)	Comments (optional)
A. Mechanics (correct spelling, grammar, and punctuation; proper sentences and paragraph structure; correct use of capitalization)		
B. Ideas, content, and tone (interesting, well-stated main idea or topic sentence; uses logical plan with an effective beginning, middle, and end; good flow of ideas from topic sentence to details in sequence)		
C. Scientific writing (proper use of citations, support for major ideas, correct use of scientific terms, etc.)		



California State University, Monterey Bay
100 Campus Center • Seaside, CA 93955-8001

COVID-19 Site Assessment

To be completed by participating site Administrator or Supervisor.

Site Participation Term(s): _____ Site Name: _____

Site Safety COVID-19 Precautions

In all placements, whether or not there is client contact, CSU Monterey Bay is required to assess COVID-19 risks for all CSU Monterey Bay students associated with this assignment. To the extent practical, your site or organization must confirm and verify that the necessary safety precautions for all parties are implemented.

Please confirm by checking the following boxes:

- Confirm that CSU Monterey Bay students will be provided or have access to the necessary personal protective equipment in accordance with [Cal/OSHA Interim General Guidelines on Protecting Workers from COVID-19](#).
- Confirm that measures are being taken to prevent or reduce infection hazards have been implemented, such as those pursuant to the [CDC Interim Guidance for Businesses and Employers to Plan and Respond to Coronavirus Disease 2019 \(COVID-19\)](#).
- Confirm that everyone follows [CDC Guidelines](#) regarding recommendations for physical distancing, methods of minimizing exposure, and performing routine environmental cleaning.
- Confirm direct supervisors on-site will conduct orientation for the students that will include safety procedures and confirm who will be responsible for doing so.

I am an authorized representative of _____ and can confirm that the safety precautions and programs are being implemented, with the understanding that any misrepresentations made within this form may result in termination of the participation agreement with CSU Monterey Bay.

Completed by: _____ Date: _____
(Signature)

Name and Title: _____

Name of Facility/Site/Business: _____

**RELEASE OF LIABILITY, PROMISE NOT TO SUE, ASSUMPTION OF RISK AND
AGREEMENT TO PAY CLAIMS**

Activity:

Activity Date(s) and Time(s): _____

Activity Location(s): _____

In consideration for being allowed to participate in this Activity, on behalf of myself and my next of kin, heirs and representatives, I **release from all liability and promise not to sue** the State of California, the Trustees of The California State University, California State University, [campus name] and their employees, officers, directors, volunteers and agents (collectively “University”) from any and all claims, **including claims of the University’s negligence**, resulting in any physical or psychological injury (including paralysis and death), illness, damages, or economic or emotional loss I may suffer because of my participation in this Activity, including travel to, from and during the Activity.

I am voluntarily participating in this Activity. I am aware of the risks associated with traveling to/ from and participating in this Activity, which include but are not limited to physical or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability (including paralysis), economic or emotional loss, and/or death. I understand that these injuries or outcomes may arise from my own or other’s actions, inaction, or negligence; conditions related to travel; or the condition of the Activity location(s). **Nonetheless, I assume all related risks, both known or unknown to me, of my participation in this Activity, including travel to, from and during the Activity.**

I agree to **hold** the University **harmless** from any and all claims, including attorney’s fees or damage to my personal property, that may occur as a result of my participation in this Activity, including travel to, from and during the Activity. If the University incurs any of these types of expenses, I agree to reimburse the University. If I need medical treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

I am 18 years or older. **I understand the legal consequences of signing this document, including (a) releasing the University from all liability, (b) promising not to sue the University, (c) and assuming all risks of participating in this Activity, including travel to, from and during the Activity.**

I understand that this document is written to be as broad and inclusive as legally permitted by the State of California. I agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms.

I have been informed and understand there remains a risk of exposure to COVID-19. I understand that regardless of any precautions taken, an inherent risk of exposure to COVID-19 will exist.

I have read this document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.

Participant Signature: _____

Participant Name (print): _____ Date: _____

If Participant is under 18 years of age

I am the parent or legal conservator/guardian of the Participant. **I understand the legal consequences of signing this document, including (a) releasing the University from all liability on my and the Participant's behalf, (b) promising not to sue on my and the Participant's behalf, (c) and assuming all risks of the Participant's participation in this Activity, including travel to, from and during the Activity.** I allow Participant to participate in this Activity. I understand that I am responsible for the obligations and acts of Participant as described in this document. I agree to be bound by the terms of this document.

I have read this two-page document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.

Signature of Minor's Participant's Parent/Guardian

Name of Minor's Participant's Parent/Guardian (print)

Date

Minor Participant's Name