



SJSU Economics Department

Economics Internship Program (EIP) Learning Plan

Section I: Student Data

Name: _____ Student ID: _____

Email: _____ Telephone Number: _____

Emergency Contact Name: _____ Relation: _____

Emergency Contact Email: _____ Telephone: _____

Section II: Hours & Units

1 unit = 50 hours of internship work.

Undergraduate interns may enroll in 3 units of Econ 185, and graduate interns 3 units of Econ 285.

Neither Econ 185 nor Econ 285 may be repeated for credit.

I will work a total of # _____ hours from (start date) _____ to (end date) _____.

I request enrollment in # _____ units of ECON 185 or # _____ units of ECON 285.

Section III: Internship Organization

Is the Internship Organization an SJSU Department or Organization? (circle one) YES NO

If NO, the organization must complete the SJSU University-Organization Contract in order for student to enroll.

Internship Organization Name: _____

Internship Organization Address: _____

Internship Organization URL: _____

Internship Organization Description: _____

Internship Supervisor Name: _____

Internship Supervisor Email: _____

Internship Supervisor Telephone: _____

Section III: Internship Duties

Student Internship Duties (*What will you be doing as an intern at this organization?*)

Student Learning Objectives (*What do you hope to learn? How this will advance your learning at SJSU?*)

Relation to Coursework (*How does internship relate to and build upon what you've learned at SJSU?*)

I have reviewed and approve the Learning Plan set forth above.

Internship Supervisor Name: _____

Internship Supervisor Signature: _____

Date: _____

Economics Internship Director Name: _____

Economics Internship Director Signature: _____

Date: _____

Student Initials: _____

INTERNSHIP PARTICIPATION GUIDELINES

1. I will devote approximately _____ hours per week towards completion of the internship objectives listed in my learning plan for a total of _____ internship hours, effective from _____ to _____ (“learning activity”). I agree to complete all paperwork, assignments, and internship-related activities required by the CSIP Internship Director or Internship Organization supervisor as part of this academic internship.
2. I understand and acknowledge that there are potential risks associated with this internship, some of which may arise from (a) my assigned tasks and responsibilities, (b) the location of the internship, (c) the physical characteristics of the internship site, (d) the amount and type of criminal activity or hazardous materials at or near the location of the internship, (e) any travel associated with the internship, (f) the time of day when I will be present at the internship site, (g) the criminal, mental and social backgrounds of the individuals I will be working with or serving, and (h) the amount of supervision I will receive. I further understand and acknowledge that my safety and well being are primarily dependent upon my acting responsibly to protect myself from personal injury, bodily injury or property damage.
3. Being aware of the risks inherent in this learning activity, I nonetheless voluntarily choose to participate in this academic internship. I understand that I may stop participating if I believe the risks become too great.
4. While participating in this internship, I will (a) exhibit professional, ethical and appropriate behavior; (b) abide by the Internship Organization’s rules and standards of conduct, including wearing any required personal protective equipment; (c) participate in all required training; (d) complete all assigned tasks and responsibilities in a timely and efficient manner; (e) request assistance if I am unsure how to respond to a difficult or uncomfortable situation; (f) be punctual and notify the Internship Organization if I believe I will be late or absent; and (g) respect the privacy of the Internship Organization’s clients.
5. While participating in this learning activity, I will not (a) report to the Internship Organization under the influence of drugs or alcohol; (b) give or loan money or other personal belongings to a client; (c) make promises to a client I cannot keep; (d) give a client or representative a ride in my personal vehicle; (e) engage in behavior that might be perceived as harassment of a client or Internship Organization representative; (f) engage in behavior that might be perceived as discriminating against an individual on the basis of their age, race, gender, sexual orientation, mental capacity, or ethnicity; (g) engage in any type of business with clients during the term of my placement; (h) disclose without permission the Internship Organization’s proprietary information, records or confidential information concerning its clients; or (i) enter into personal relationships with a client or Internship Organization representative during the term of my placement. I understand that the Internship Organization may dismiss me if I engage in any of these behaviors.
6. I agree to contact the University’s Equal Opportunity (EO) Manager if I believe I have been discriminated against, harassed or injured while engaged in this learning activity. The EO Manager will determine the disposition of the allegation or complaint.
7. I understand and acknowledge that neither the University nor the Internship Organization assumes any financial responsibility in the event I am injured or become ill as a result of my participating in this learning activity. I understand that I am personally responsible for paying any costs I may incur for the treatment of any such injury or illness. I acknowledge that the University recommends that I carry health insurance.

I have read, understand and agree to comply with these guidelines.

Student Signature: _____ Date: _____

Parent/Guardian Name: _____ Parent/Guardian

Signature: _____ (Required if student is under 18) Date: _____ Internship

Supervisor Name: _____ Internship

Supervisor Signature: _____ Date: _____