**Program Internship: Learning Plan**

**TECHNOLOGY Program**

**Section I: Student Data**

Name: Student ID:

I am an Aviation student with concentration in

Email: Telephone Number:

Emergency Contact Name: Relation:

Emergency Contact Email: Telephone:

**Section II: Hours & Units**

*Each 1 unit of Technology internship credit equals 50 hours of internship work.*

*Students who work for 150 hours in the internship program may enroll in 3 units of Aviation 195.*

I request enrollment in # units of **TECH 195**, corresponding to # hours in total, which I acknowledge I must fully complete in order to successfully pass these units.

**Section III: Internship Organization & Internship Supervisor (at the organization)**

Internship Organization Name:

Internship Organization Address:

Internship Organization URL:

Internship Supervisor Name:

Internship Supervisor Email:

Internship Supervisor Telephone:

**Section IV: New Partner Proposal and UOA**

Is the Internship Organization an SJSU department and/or organization? (*circle one*) YES NO If YES, skip ahead to Section V.

**If NO, the organization must complete the SJSU University Organization Agreement (UOA) as part of a**

**New Partner Proposal via the S4 database.**

To do this, an authorized signatory from the organization must complete the New Partner Proposal form at https://app.calstates4.com/sjsu/new-partner-proposal-form. After this form is submitted, SJSU staff will review the information and send the UOA to the person listed as the Main Contact. After the UOA is signed and reviewed, the site will be officially activated in S4.

**Students can only receive add codes for their Aviation internship units after the UOA is signed and the site is officially activated in S4.**

Students, to facilitate enrollment in your Aviation internship (Aviation 195) units, please do the following:

1. Go to https://app.calstates4.com/sjsu and log in as a student. Click on “Sites” and do a search for your internship organization. If your site is listed, then it is already activated. Take a screenshot of the organization’s listing in S4 and email it to Internship Coordinator, who will then email you your add code.

2. If your site is not listed, then the organization needs to complete a New Partner Proposal and the UOA.

Give the link to the New Partner Proposal form (https://app.calstates4.com/sjsu/new-partner-proposal- form) to your supervisor at the internship organization (Internship Supervisor). If they have signatory authority, then the Internship Supervisor can complete this form and list themselves as the “Main Contact.” If they do not have signatory authority, then they should name the “Main Contact” as someone who does. (The Main Contact ultimately signs the UOA, which is a legal document.)

3. After the New Partner Proposal form is completed, SJSU staff will email the link to the UOA to the person listed as the Main Contact. The Main Contact should review and sign the UOA.

4. If the Main Contact has any questions about this process, they can email the Internship Coordinator.

5. Once the Main Contact signs the UOA, SJSU staff will activate the site in S4, and it will be listed under

“Sites” at https://app.calstates4.com/sjsu.

6. Take a screenshot of the organization’s listing in S4 and email it to the Program Internship Coordinators, who will then email you your add code.

**Section V: F1 and JI Visa Holders**

To the student: are you an F1 or J1 visa holder? (*circle one*) YES NO If NO, skip ahead to Section VI.

If YES, note that all F1 and J1 visa holders must apply for work authorization through the ISSS office.

**Section VI: 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 certify that I have reviewed the Learning Plan above, and that I approve it.

Internship Supervisor Name: \_\_

Internship Supervisor Signature:\_\_\_\_

Date:

Aviation Internship Coordinator Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Aviation Internship Coordinator Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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 Aviation Internship Coordinator 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 Aviation Internship Coordinator if I believe I have been discriminated against, harassed or injured while engaged in this learning activity. The Aviation Internship Coordinator will report the issue to the University’s Equal Opportunity (EO) Manager, who 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 these guidelines, I understand them, and I agree to comply with them.

Student Name: \_\_\_\_\_\_

Student Signature:

Date:

Internship Supervisor Name: Internship Supervisor Signature: Date: