

Internship Program (AN487 V)
Memorandum of Agreement
Colorado State University - Equine Science
(970)491-8504
(970)491-8419

Grade Level (circle one): Fr So Jr Sr Grad

Please Print or Type:

Student

Name _____ **SID#** _____

Student Mailing Address (during internship) _____

City _____ State _____ Country _____ ZipCode _____

Phone # _____ Fax # _____ Major _____

Student email address _____

Cooperator Name _____ **Phone#** _____

Cooperator Address _____

Dates of Internship _____ Semester(s) you plan to register for internship _____

Will you register for other courses during that semester (s)? _____ Total Internship Credits _____

Responsibilities of Intern (brief description of program): _____

Responsibilities of Cooperator (benefits, salary, etc.): _____

Optional Internships have been denied the protection of both the Governmental Immunity Act, C.R.S. 24-10-101 *et seq.*, and also the State of Colorado self-insurance liability protection under C.R.S. 24-30-1501 *et seq.* Therefore, if liability insurance is required by the cooperator covering the acts or omissions by you (student), private coverage will have to be obtained at your expense.

Required internships have the protection of both the Governmental Immunity Act, C.R.S. 24-10-101 *et seq.*, and the State of Colorado self-insurance, C.R.S. 24-30-1501 *et seq.*, up to the limit of \$600,000. If additional insurance is required by the cooperator covering acts or omissions by you (student), private coverage will have to be obtained at your expense.

Signatures:

Student _____ Date _____

Cooperator _____ Date _____

On-Campus Supervisor _____ Date _____

Advisor _____ Date _____

Program Coordinator _____ Date _____

After submitting this application, you must register for AN487V
Revised July 2005