

## Horticulture & Crop Science

California Polytechnic State  
University College of Agriculture  
Building 11, Room 230  
San Luis Obispo, CA 93407  
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### INTERNSHIP CONTRACT

Please complete this Contract and the University Liability Statement and secure appropriate signatures. Return the originals to the HCS Internship Coordinator. If you register during the Add/Drop period, you will be notified of your permission number for registration through your Cal Poly e-mail. You must register for the Internship course by the second Friday of the quarter(s) in which you will be working. You CANNOT defer registration to a different quarter (i.e., you cannot request Fall Quarter credit for work completed during Summer Quarter). All Internships are CR/NC grading.

This agreement entered this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by and between \_\_\_\_\_, (employing firm) and \_\_\_\_\_, (employee), student in the Horticulture and Crop Science (HCS) program at California Polytechnic State University.

#### Placement Information

Name of Company: \_\_\_\_\_  
Address, City, Zip: \_\_\_\_\_  
Company phone number: \_\_\_\_\_  
Supervisor Name/Title: \_\_\_\_\_  
Supervisor email: \_\_\_\_\_

The following reports must be submitted by the student to the **HCS Internship Coordinator** by 5:00 p.m. on the dates entered below in order to meet course requirements. Reports will only be accepted up to 8 weeks after your due date. They will not be accepted after that time. You may submit reports via mail, fax, email or in person. The HCS Coordinator will confirm receipt of all reports via Blackboard within 10 days. If you do not receive email confirmation, your report was not received.

1. **Internship Reports** (using Internship Report form provided) are to be turned in every two weeks during your internship.

**A Final Report** (guidelines provided) and an **Intern Evaluation** (also provided) are due by Friday at 5pm during finals week of the quarter during which you are enrolled in HCS 339.

Your **Final Internship Report** and **Intern Evaluation** Due Date: \_\_\_\_\_

2. The employee is to serve in the capacity of an Intern with general responsibilities consistent with the purpose of the Internship program and otherwise agreed upon by the HCS Internship Coordinator and employing firm.
3. The employee will work \_\_\_\_\_ hours per week at a salary of \$\_\_\_\_\_. Note: An increase in work hours mid-quarter will not result in increased academic credit. Select and indicate your hours carefully.

4. The Intern will be employed with the above stated employer from \_\_\_\_\_ until \_\_\_\_\_ (dates indicated should coincide with the Cal Poly quarter system and may include one, two or three quarters).
5. While the employee is employed by the said employer, the student will be eligible to earn credit(s) at California Polytechnic State University. Said credit will be considered earned upon successful completion of all Internship requirements.
6. In consideration of the mutual promises contained herein, the employee agrees to work for and in the services of the employer under the terms and conditions herein agreed upon.
7. Job title and description (if you need more space, please attach a description):

**Complete this section only if you are currently enrolled and want to extend your Internship beyond the dates originally agreed upon.**

- Go to the HCS Intern Coordinator to obtain a copy of this contract.
- Indicate your additional Internship Report due dates and your new Final Report and Intern Evaluation due date: \_\_\_\_\_.
- Have the HCS Internship Coordinator indicate the additional time frame by completing additional boxes found in the section entitled "To be completed by the HCS Internship Coordinator."

***The HCS Coordinator will not approve your internship unless ALL of the following signatures have been obtained. The student's signature implies they understand and will adhere to the contract requirements. ANY changes to this contract must be approved on this contract by the HCS Internship Coordinator.***

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

**To be completed by the Academic Advisor**

(If placement is for one quarter, complete one box; if for two quarters, complete two boxes, etc.)

Quarter/Year: _____	Quarter/Year: _____	Quarter/Year: _____
# of concentration units: _____	# of concentration units: _____	# of concentration units: _____
Total # of units: _____	Total # of units: _____	Total # of units: _____
Advisor initial: _____	Advisor initial: _____	Advisor initial: _____

**To be completed by the HCS Internship Coordinator**

Quarter/Year: _____	Quarter/Year: _____	Quarter/Year: _____
Course/Section: _____	Course/Section: _____	Course/Section: _____
Class #: _____	Class #: _____	Class #: _____

**University Liability Statement**

Qualified Cal Poly students may earn university credit while working as an Intern for a cooperating institution if the requirements of the Internship are successfully completed. Because the day-to-day requirements and obligations of the Intern are conducted under the sole jurisdiction of a designated officer in the cooperating institution, the University does not, nor can it assume any liability for the safety and/or health care of the Intern.

In accepting an Internship, the student acknowledges the full release of any liability on the part of the University for physical or other accidents. The Intern agrees to assume full responsibility for reviewing with the cooperating institution any employee benefits that may be available (i.e., health and accident insurance, liability insurance, workers' compensation, etc.). In the event the cooperating institution does not provide desired benefits, it will be the responsibility of the student to make his or her own arrangements, if desired.

In signing this statement, the student acknowledges full understanding of the liability statement, and consents to the same.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Secure all required signatures and submit the Internship Contract and Liability Statement to the HCS Department Office, Bldg. 11, Room 230.