Career Development Hub
Undergraduate Internships and Co-ops

PLACEMENT REQUIREMENTS FORM

Name: ___________________________     Major: ___________________________     Spire #: ___________________________

My position with ________________________________________________________________________________________________

Organization name: ___________________________ address/city/state/zip: ___________________________

is ___part-time /___full-time for the period beginning _________________________ to _____________________________

I am arranging this experience for credit   no______   yes______   If yes, how many? ______ (number of credits)

______________________________________________________________________________________________________________________________

While on my placement, I agree to:
1. Notify the Career Development Hub Office of any change in my address, telephone numbers, or onsite supervisor during
   my placement via email to internships@umass.edu.
2. Complete the online Evaluation at the end of my Placement and notify my supervisor that a final evaluation will also be
   emailed directly to my employer.
3. Inform my hosting employer and the Career Development Hub Office of an extended illness or other reason for extended
   absence from work.

______________________________________________________________________________________________________________________________

For **off campus** full semester placements, in addition to the above, I agree to assume responsibility for the following:
1. Attach both this signed form and a signed DEPARTMENTAL PERMISSION FORM to the online contract. **Co-op students**
   **DO NOT** withdraw from school, **but the Field Experience Office will put you on special “Co-op Status” with the
   Undergraduate Registrar.**
2. If necessary, change my graduation date in SPIRE, so that I will have access to registration through SPIRE.
3. Keep my address and cell phone number updated in SPIRE and check my UMass email, so I won’t miss any important
   information while away.
4. Check with the Financial Aid Office at 413-545-0801 to understand the impact of this placement on my aid. Students
   on credited internships are billed for their credits the same way they are billed for regular tuition. **Co-op students are not billed and receive no financial aid for the semester they are on co-op.**
5. **If I currently have on-campus housing, contact Residential Life Student Services to cancel** my assignment and discuss
   housing for when I return.
6. If I am interested in housing on the UMass Mount Ida Campus, visit https://www.umass.edu/mic/internships for
   details and deadlines.
7. **Cancel my Meal Plan.** This can be done on SPIRE or by contacting the Meal Plan Office at 413-545-1362.
8. **Contact my health insurance carrier** to ensure that I have adequate health coverage for the period of my placement.
   Students on a full-time internship or co-op are still full-time students, and if you are covered by your parent’s
   insurance policy, this should not change. If you need health coverage, go to University Health Services to purchase
   the off-campus plan, explain that you are participating in a University sponsored program, and will be away from the
   area. If you have already left campus call 413- 577-5000.

**Undergraduate Students:** If your internship or co-op is outside of the United States, you must contact IPO at least six
   months in advance and obtain IPO approval. This applies to both domestic and international undergraduate students.

**International Students:** **Must** meet with the International Programs Office (IPO) staff to discuss your placement.

**Agreement and Release:**
*I have read and accepted the conditions stated above and I, for myself, my executors, administrators, and successors hereby
release and save harmless the University of Massachusetts, its trustees, officers, employees, and agents from any and all claims
and causes for action including but not limited to destruction of property and personal injury, including but not limited to death,
sustained by me, arising out of any travel or activity related directly or indirectly to my placement.*

____________________________________________________   __________________________
Student Signature         Date

Upload a signed copy of this form to your online internship or co-op contract in Handshake.

Field Experience Program Office, Career Development Hub, 511 Goodell Building, 413-545-2224 internships@umass.edu.

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