

Central Career Services
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 Central Career Services 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 Central Career Services 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 Central Career Services 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, contact Residential Life Student Services** for assistance.
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.