

RADFORD UNIVERSITY INTERNSHIP AND COOPERATIVE EDUCATION AGREEMENT

COLLEGE / DEPARTMENT: _____ DATE: _____

EXPERIENCE TYPE: Internship Cooperative Education (C&op) LOCATION Domestic (within U.S.)

City / State: _____

International

City / Country: _____

COURSE: Term/Year: _____ Course Prefix and Number _____

Course Title: _____

Minimum Total Hours Required _____ Semester Credit Hours: _____ - Grade: AP/F _____

COMPENSATION Paid Unpaid Internship Modality : In-person Hybrid Virtual

STUDENT INFORMATION

Name: _____ ID#: _____ Cumulative GPA: _____

Address / City / State _____

E-mail: _____ Phone: _____

Emergency Contact _____ 9(/tdeT(_____ 4)5.7T(_____))TJ 0 Tc05.38584 0 Td [()

A. STUDENT Throughout the duration of this Agreement, the Student will be responsible for:

1. Understanding that the Student must follow all / internal policies and procedures specified by their respective individual cstSU (r)20 (e)29 (c)

insurance program with set coverage limits authorized in § 2.218372.218382.21839 and 8.01195.48.01195.5 and 8.01195.6 of the Code of Virginia and administered by the Department of the Treasury Division of Risk Management. This coverage extends to those students who act within the scope of their approved course/coop /internship activities. Activities outside the approved scope and acts of negligence are not covered.

3. Personal Injury Statement: I acknowledge the benefit received from my experience as a Coop/ Intern Student and in consideration thereof, agree to indemnify and hold Radford University harmless from any and all claims of injury to myself or any other person and/or damage to any property arising from or connected with my coop /internship at the Agency named above.