

CAREER PATH INTERNSHIP (CPI) AGREEMENT FORM

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| All items must be completed in order for this form to be processed. Students must ensure that I-9 documents are on file with Human Resources. | | | | | | | |
| The CPI Program is designed to provide students a paid, professional internship experience in their field of study that is aligned with their major and/or career goals. | | | | | | | |
| STUDENT INFORMATION | | | | | | | |
| Student's Name: | | | ISU Email: | | | Bengal ID: | |
| Class Level: | | Major: | | | # of credits (current semester): | | |
| Provide your (the student) career goals and/or objectives: | | | | | | | |
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| Are you an international student? (check one) | | YES | | NO | | Country: | |
| DEPARTMENT INFORMATION | | | | | | | |
| Department: | | | | CPI Allocation (CAL, CoSE, etc.): | | | |
| Start Date: | | End Date: | | Campus (check one) | Pocatello | Idaho Falls | Meridian |
| Is the internship located off-campus? (check one) | | | | YES NO (If yes, please provide the following off-campus information) | | | |
| Off-campus organization: | | | | Off-campus phone: | | | |
| Off-campus supervisor: | | | | Off-campus email: | | | |
| Does this internship take place in an ISU public serving clinic? YES NO (check one) | | | | Do internship duties involve a substantial amount of work with an organization outside of ISU? YES NO (check one) | | | |
| INTERNSHIP INFORMATION (MUST BE COMPLETED BY THE DEPARTMENT) | | | | | | | |
| Provide the internship's main duties and three student learning outcomes: (Please note that the intern's primary duties should be career and/or major related and NOT include clerical tasks such as filing, answering phones, etc.) Attach additional sheets if necessary. | | | | | | | |
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| Student Learning Outcome 1: | | | | | | | |
| Student Learning Outcome 2: | | | | | | | |
| Student Learning Outcome 3: | | | | | | | |
| SIGNATURES | | | | | | | |
| By signing below, I acknowledge that I have read and submit to the CPI program policies. Any deviation from these terms, either by the student or department, may result in penalties that may include future exclusion from participation in the CPI Program. | | | | | | | |
| Student PRINTED name: | | | | Signature: | | Date: | |
| ISU Supervisor PRINTED name: | | | | Signature: | | Date: | |
| UBO PRINTED name: | | | | Signature: | | Date: | |