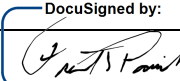# CAREER PATH INTERNSHIP (CPI) AGREEMENT FORM

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 with 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:

Will you receive academic credit for this internship? ☐ YES ☐ NO

Are you an international student? ☐ YES ☐ NO   If yes, country:

DEPARTMENT INFORMATION

Department:	CPI Allocation (CAL, CoSE, etc.):
Start Date: End Date:	Campus ☐ Pocatello ☐ Idaho Falls ☐ Meridian ☐ Other

Is the internship located off-campus? ☐ YES ☐ NO   (If yes, please provide the following off-campus information)

Off-campus organization:	Off-campus phone:
Off-campus supervisor:	Off-campus email:
ISU Public Serving Clinic Internship Does this internship take place in an ISU public serving clinic? ☐ YES ☐ NO	Hybrid Internship? (Duties involve a substantial amount of work with an organization outside of ISU) ☐ YES ☐ NO Outside organization:

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.

Student Learning Outcome 1:

Student Learning Outcome 2:

Student Learning Outcome 3:

SIGNATURES

By signing below, I acknowledge that I have read and agree 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: Fred Parrish	Signature: *[DocuSigned by signature]* B0A9420B3PBA4D8...	Date: