**Remote Internship Exemption Form**

**IUP Communications Media Department**

Complete each item below.

1. Last Name:

2. First Name:

3. Today’s Date:

4. Student ID: @

5. IUP Email Address:

6. Cell Phone Where You Can Be Reached:

7. County in which you reside:

8. County where your internship is located:

9. County where your face-to-face work would take place if different than item 8:

10. County where your face-to-face work would take place if different than item 8:

In box below, describe how your internship is an essential service. Essential services and sectors include but are not limited to food processing, agriculture, industrial manufacturing, feed mills, construction, trash collection, grocery and household goods (including convenience stores), home repair/hardware and auto repair, pharmacy and other medical facilities, biomedical and healthcare, post offices and shipping outlets, insurance, banks, gas stations, laundromats, veterinary clinics and pet stores, warehousing, storage, and distribution, public transportation, and hotel and commercial lodging.

10. How is your internship an essential service? If it is not an essential service, type N/A.

11. Educational Value: Explain why face-to-face learning is essential to meeting the objectives or outcomes of your internship, especially as they relate to certification and licensure.

12. Instructional Modality: Describe how the objectives or outcomes of your internship can be met through remote work, including those parts you believe are better met through face-to-face contact.

13. Timing and Duration: (A) Does changing part or all of your internship from remote to face-to-face work require adjustments to the timing (time of day) or schedule (especially completion date) of the internship? (B) What are the new times and dates? (C) Do these times and dates pose any greater risk to the intern or the faculty supervisor?

(A)

(B)

(C)

14. Site Acceptance and Safety: Under “Supporting Documentation” on the COMMINTERNS website, upload a PDF copy of the following. (A) An email from your site supervisor stating their willingness to have you work face-to-face either in the field or at the internship site. (B) A clear statement (PDF) of the internship site’s safety procedures that will minimize risk to the intern and/or internship faculty member. There is nothing to type in this box. Proposals without these documents will not be considered.

15. Risk Management and Liability: Does the intern agree to assume all risks and waive any responsibility of the university? Type Yes or No below.

16. Communication: Has the intern been informed of their right to withdraw from the learning experience and the necessity to inform the supervising faculty within 48 business hours if circumstances make that necessary? Type Yes or No below.

17. Contingency Planning (Part A): Does the intern understand that if illness or shelter-in-place concerns arise on the part of the Pennsylvania State Government, University Chancellor, University President, University Provost, College Dean, Department Chair, or Faculty Supervisor that the Communications Media Department will provide an alternative assignment(s) to complete the internship? Type Yes or No below.

18. Contingency Planning (Part B): Does the intern understand that in the event the intern becomes ill, an Incomplete Grade can be issued and an appropriate assignment developed to replace the missed work? Type Yes or No below.