# **IUP Face-To-Face / Remote / Hybrid Internship Summer 2021Risk Consideration Form**

IUP would like you to carefully consider your internship experience in light of risks posed by the Pandemic. We realize that many fields and experiences require face-to-face work environments. We ask that you complete this form and submit it to your internship coordinator. While this is not an approval form for your internship, it will be reviewed by the administration and you may be contacted to further discuss whether your internship poses an undue risk to your health. Please fill out each item on this form as completely as possible. Forms should be submitted to your internship coordinator. This completed form must be submitted prior to beginning your internship.

Today’s Date:

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| 1. Last Name: |
| 2. First Name: |
| 3. Academic Department and Major: |
| 4. Student ID: @ |
| 5. IUP Email Address: |
| 6. Cell Phone Where You Can Be Reached: |
| 7. Name and location of the company, organization, or other setting for this learning experience: |
| 8. County and state where your face-to-face experience will occur: |
| 9. Have you or will you be vaccinated for Covid-19 prior to this summer experience? Vaccination is not required but is highly recommended, especially for face-to-face internships. Type Yes or No below. |
| 10. Risk Management and Liability: Do you agree to assume all risks and waive any responsibility of the university? Type Yes or No below.  |
| 11. Communication: Have you been informed of the 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.  |
| 12. Contingency Planning (Part A): Do you 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 academic department will provide an alternative assignment(s) to complete the learning experience? Type Yes or No below.  |
| 13. Contingency Planning (Part B): Do you understand that in the event you or a close family member becomes ill during the experience, an Incomplete Grade can be issued and an appropriate assignment developed to replace the missed work? Type Yes or No below |

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Please sign on the line above with blue ink, scan, and return this form to your internship coordinator