

**STUDENT INTERNSHIP GUIDELINES FOR THE DURATION OF THE COVID-19 PANDEMIC**

Subject to continuing and further guidance from the State of Connecticut and public health officials, Quinnipiac University will allow students to participate in and receive academic credit for internship experiences where the student and the QU internship coordinator verify the following **(this form must be completed and submitted prior to the student beginning their experience)**:

1. That the internship coordinator has received written assurances that student placement at the internship site does not violate relevant federal, state, or local laws, regulations, or orders. (Employer, please explain below.)
  
2. That the internship coordinator has received written assurances that the internship site will comply with all relevant safety guidance from the Centers for Disease Control and state and local health authorities regarding workplace health and safety currently in effect, such as cleaning and sanitation, social distancing, limited size of gatherings, and providing adequate personal protective equipment (PPE) for the student. (Employer, please explain below.)
  
3. That the internship coordinator has received written assurances that the internship site will not knowingly permit a student to interact with individuals who have tested positive for COVID-19 or who are presumed positive for COVID-19. (Employer, please explain below.)

4. The Student affirms that:

a. They will adhere to current state and local COVID-19 directives, CDC guidelines, internship site guidelines and Quinnipiac’s return to campus guidelines.

b. They have an ethical obligation not to go to the internship site if they have symptoms or know or suspect that they have been exposed to COVID-19. As required by Quinnipiac’s Return to Campus guidelines, they will follow the procedures laid out in the “Student Exposure Control Plan Policy” found at <https://catalog.qu.edu/university-policies/student-exposure-control-plan/#text>

By signing below, the student and the internship coordinator agree that it is their responsibility to comply with this guidance and resubmit this form with updated information if relevant laws, guidance, or circumstances would require a change to the above answers.

Dated: \_\_\_\_\_ Employer Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Dated: \_\_\_\_\_ Student Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Dated: \_\_\_\_\_ Internship coordinator Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_