Central Career Services
Internships and Co-ops
PLACEMENT REQUIREMENTS FORM

Name: ____________________________ Major: ____________________________ Spire #: ____________________________

My position with ____________________________ Organization name ____________________________

 is ___part-time / ___full-time for the period beginning _________________________ to _____________________________

I am arranging this experience for credit no______ yes______ If yes, how many? ______  (number of credits)

While on my placement I agree to:

1. Notify the Central Career Services Office of any change in my address, telephone numbers, or onsite supervisor during
   my placement via email to internships@umass.edu
2. Complete the online Evaluation at the end of my Placement and notify my supervisor that a final evaluation will also be
   emailed directly to my employer
3. Inform my hosting employer and the Central Career Services Office of an extended illness or other reason for extended
   absence from work.

For off campus full semester placements, in addition to the above, I agree to assume responsibility for the following:

1. Attach a signed DEPARTMENTAL PERMISSION FORM into the online contract. Co-op students DO NOT withdraw
   from school, but the Central Career Services Office will put you on special “Co-op Status” with the Registrar.
2. If necessary, change my graduation date in SPIRE, so that I will have access to registration through SPIRE.
3. Keep my address and cell phone number updated in SPIRE and check my UMass email, so I won’t miss any
   important information while away.
4. Check with the Financial Aid Office at 413-545-0801 to understand the impact of this placement on my aid.
   Students on credited internships are billed for their credits the same way they are billed for regular tuition.
   Co-op students are not billed and receive no financial aid for the semester they are on co-op.
5. If I currently have on-campus housing, contact Residential Life Student Services to cancel my assignment and
   discuss housing for when I return.
6. Cancel my Meal Plan. This can be done on SPIRE or by contacting the Meal Plan Office at 413-545-1362.
7. Contact my health insurance carrier to ensure that I have adequate health coverage for the period of my
   placement. Students on a full-time internship or co-op are still full-time students, and if you are covered by your
   parent’s insurance policy, this should not change. If you need health coverage, go to University Health Services to
   purchase the off-campus plan, explain that you are participating in a University sponsored program, and will be
   away from the area. If you have already left campus call 413- 577-5000.

International Students:  Must meet with the International Programs Office (IPO) staff to discuss your placement.
Domestic Students: If your internship or co-op is outside of the United States, you must contact IPO at least six
      months in advance and obtain IPO approval.
Graduate Students:  Must notify the Graduate Registrar’s Office of intended absence from campus and pay the
                   Program Fee to ensure status.

Agreement and Release:
I have read and accepted the conditions stated above and I, for myself, my executors, administrators, and successors hereby
release and save harmless the University of Massachusetts, its trustees, officers, employees, and agents from any and all
claims and causes for action including but not limited to destruction of property and personal injury, including but not
limited to death, sustained by me, arising out of any travel or activity related directly or indirectly to my placement.

____________________________________________________   __________________________
Student Signature         Date

Upload a signed copy of this form to your online internship or co-op contract in Handshake.

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