## Undergraduate Internships and Co-ops PLACEMENT REQUIREMENTS FORM

Nam	ne:		Major <u>:</u>	Spire #
My p	oosition with			
	Orgai	nization name	address/city/state/	
is	_part-time /full-t	ime for the period beginning _	to	
I am	arranging this exper	ience for credit no	yes If yes, how many?	(number of credits)
1. N		elopment Hub Office of any cha	ange in my address, telephone nur	mbers, or onsite supervisor during
2. Co	omplete the online Ev		ement and notify my supervisor th	nat a final evaluation will also be
	iled directly to my er		or and their officer of an automated till	f f f
	form my nosting empence from work.	bloyer and the Career Developr	nent Hub Office of an extended ill	ness or other reason for extended
For 0	Attach <b>both</b> this sig	ned form and a signed DEPART rom school, <b>but the Field Expe</b>	the above, I agree to assume resp MENTAL PERMISSION FORM to th rience Office will put you on spec	e online contract. Co-op students
2. 3.	If necessary, change	e my graduation date in SPIRE, s nd cell phone number updated	so that I will have access to registr in SPIRE and check my UMass ema	=
4.	Check with the Fina	ncial Aid Office at 413-545-080	<b>01</b> to understand the impact of thi he same way they are billed for re	
	Co-op students are not billed and receive no financial aid for the semester they are on co-op.			
5.	<b>If I currently have on-campus housing, contact Residential Life Student Services</b> to <b>cancel</b> my assignment and discus housing for when I return.			
6.	If I am interested in housing on the <b>UMass Mount Ida Campus</b> , visit <a href="https://www.umass.edu/mic/internships">https://www.umass.edu/mic/internships</a> for details and deadlines.			
7.	Cancel my Meal Plan. This can be done on SPIRE or by contacting the Meal Plan Office at 413-545-1362.			ice at 413-545-1362.
8.	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.			
Und	ergraduate Students		outside of the United States, you not not provided the United States, you not not not provided the States of the United States, you not	
Inte	rnational Students:	_	onal Programs Office (IPO) staff to	discuss your placement.
I hav reled and	ase and save harmless causes for action inclu	the University of Massachusetts, ding but not limited to destructio	, for myself, my executors, administi its trustees, officers, employees, an on of property and personal injury, ir I directly or indirectly to my placeme	d agents from any and all claims ncluding but not limited to death,
 Stude	ent Signature			Date

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