

BIOTECHNOLOGY INDUSTRIAL EXPERIENCE LETTER OF AGREEMENT

INDUSTRIAL EXPERIENCE WORK STATION

This company, agency, business or organization (workstation) agrees to engage the student under the same conditions and rules that govern other employees without regard to race, creed, color or sex. We also agree to provide work site supervision and a varied work experience as outlined in the position description provided to California State University, Fresno's Biotechnology Program. We agree to provide certification when the student has completed the 150 hours (or more) of work required for awarding of academic credit. We agree not to hold California State University, Fresno (also referred to as the University) or any of its employees responsible for any injury, damage or loss the student may cause to the work station, its employees or property. We also understand that the University provides no Worker's Compensation or personal liability coverage for the student.

Company (Work Station) Name (Please Print)

Phone Number

Address & Zip (Please Print)

Fax Number

Name & Title of Company/Agency Representative (Please Print)

E-Mail Address

Signature of Company / Agency Representative

Date

I agree to abide by the requirements that govern the Biotechnology Program and have received a copy of these requirements. I agree to enroll in the appropriate BIOTC 275 course, perform 150 hours of work (or more) as assigned by the work station and turn in all forms, required papers, and reports to the Biotechnology Program representative at the required times. I understand that the failure on my part to complete any requirements in a timely manner will result in the assignment of a no-credit grade. In accepting this Industrial Experience work site assignment, I acknowledge the full release of any liability on the part of the company/agency, California State University, Fresno and the Biotechnology Program for any injury sustained while engaged in any activity associated with this internship. I understand the university provides no insurance coverage for me, including Worker's Compensation or personal liability.

Name (Please Print)

Student ID Number

E-Mail Address

Signature of Student

Date

CALIFORNIA STATE UNIVERSITY, FRESNO

The Biology Department will provide guidance and supervision for any requirements associated with the student's academic credit for this internship. We will assist the participating workstation and student with all related matters and help appraise the student's performance.

Biotechnology Program
Department of Biology
College of Science and Mathematics
2555 East San Ramon Ave, M/S SB 73
Fresno, CA 93740-8034
Phone: 559-278-2001

Name of Biotechnology Academic Advisor (Please Print)

Signature of Biotechnology Academic Advisor

Date