DEPARTMENT OF CIVIL ENGINEERING CE 195: Fieldwork in Civil Engineering REGISTRATION FORM

Supervised work experience in Civil Engineering with public agencies or firms in the industry. Prerequisite: petition approval by industry supervisor and Department Chair. May be repeated for credit. Graded credit/no credit. 1-3 units.

Note: Requires satisfactory completion of the work assignment and a detailed Reflective Statement.

Guideline for CE 195 Units

At least 5 work hours per week = 1 Credit 5-10 work hours per week = 2 Credits More than 10 work hours per week = 3 Credits

Instructions to enroll in CE195:

- 1. Enter course number, semester, number of units, and personal information on page 2.
- 2. On page 3, describe the scope of work/activities to be completed at the internship/worksite. Also provide at least **three** (3) Learning Goals related to the work experience. Learning Goals must be approved by the supervisor.

Example Learning Goal:

During the course of my work experience, I will become knowledgeable about the agency's policies that deal with risk management and liability in terms of agency employees and, if relevant, in terms of participants in the agency's programs.

- 3. Enter internship/worksite name, supervisor details, and obtain supervisor's signature on page 3.
- 4. Site Agreement/Waiver. Please send an email to ecs-siteagreement@csus.edu to check if there is already a site agreement in place for your internship site. If no agreement is in place, you will need to sign and submit a waiver form on page 4.
- 5. Submit the completed form to the department office along with an offer letter on company letterhead including start/end date, pay rate, hours per week, duties to be performed signed by your supervisor. The department will add the section number and register you in CE 195.

Instructions to receive credit for CE195:

By the final day of classes, submit a weekly work log listing the hours worked and the tasks assigned or accomplished. Additionally, students must submit Reflective Statement to the Civil Engineering Department Chair via email or in RVR 4024. If the statement and work log is not received by the deadline, credit will not be given.

Guidelines for the Reflective Statement:

- 1.) Assess the internship experience by answering the following questions with at least 1 paragraph per question.
 - What goals were met during the internship? What goals were not met during the work experience and why?
 - What were some of the strengths developed during your experience? What skills do you still need to improve?
 - What academic courses were helpful in preparing your work experience? What academic courses would have been helpful?
 - How did the experience enhance your civil engineering education?
- 2.) Assess the agency/organization by answering the following questions.
 - Would you recommend this internship site to other civil engineering students? Why or why not?

Evaluation should be typed using 12 point, Times or Times new Roman font and double spaced. Margins should be set at 1 inch on all 4 sides.

CRAMENTO STATE

Student Internship Application

Course: _____

Semester: _____

Course Call # _____

Number of units: _____

Personal Information: Please print legibly					
			Sac State ID No.:		
Last Name	First Name	MI]	
Address: Street Nam	ne & Number (Local address)		Email Address		
City	State	Zip Code	Phone No	0.	
Major			lass Level	Citizenship Status	
CE	СМ	Sophomore		U.S.	
СрЕ	EEE	Junior	Permanent		
CSc	ME	Senior _ Graduate		Resident	
CSUS GPA	Overall GPA			F-1 Visa	

• A final Reflective Statement must be submitted at the end of the semester to receive credit (CR).

Student Signature: _____ Date: _____

For Department Use Only

Approved	Denied
Dept. Chair/Grad Coord.: Date:	Dept. Chair/Grad Coord.: Date: Reason:

Student Learning Agreement- Academic Internship

NOTE: Students <u>must</u> complete and sign, including site supervisor information and signature. Student Learning Agreement <u>must</u> be submitted with internship registration form and offer letter.

Course & Section Number (e.g., EEE 195, Section 02 or CSc 195):				
1. Student Information				
Student Name:				
In case of Emergency, please notify:				
Name:	Relationship:			
Cell phone:	Home Phone:			
2. Estimated number of internship hours req member. 45 hours = 1 unit of academic credit	uired during the semester (determined in consultation with faculty :):			
	t during academic internship placement* (completed in ovide an overview of the type of work you (the student) will be doing			
4. Write at least three (3) Learning Goals –				
Site supervisor Name & Title:	Phone number:			
Site supervisor's signature:	Date:			
the University to share any information directly re	and agree with the above described information, as well as agree to authorize elated to my performance in this Academic Internship with the Site that would eral Family Educational Rights and Privacy Act (FERPA).			
Student Signature	Date:			
Faculty Signature	Date:			
* If needed, the student and faculty member,	in consultation with the office of Services for Students with			

Disabilities (SSWD), will create and attach an accommodation plan to this Student Learning Agreement.

RELEASE OF LIABILITY, PROMISE NOT TO SUE, ASSUMPTION OF RISK AND AGREEMENT TO PAY CLAIMS

Activity: _____ Internship

In consideration for being allowed to participate in this Activity, on behalf of myself and my next of kin, heirs and representatives, I **release from all liability and promise not to sue** the State of California, the Trustees of The California State University, California State University, [campus name] and their employees, officers, directors, volunteers and agents (collectively "University") from any and all claims, **including claims of the University's negligence,** resulting in any physical or psychological injury (including paralysis and death), illness, damages, or economic or emotional loss I may suffer because of my participation in this Activity, including travel to, from and during the Activity.

I am voluntarily participating in this Activity. I am aware of the risks associated with traveling to/from and participating in this Activity, which include but are not limited to physical or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability (including paralysis), economic or emotional loss, and/or death. I understand that these injuries or outcomes may arise from my own or other's actions, inaction, or negligence; conditions related to travel; or the condition of the Activity location(s). Nonetheless, I assume all related risks, both known or unknown to me, of my participation in this Activity, including travel to, from and during the Activity.

I agree to **hold** the University **harmless** from any and all claims, including attorney's fees or damage to my personal property, that may occur as a result of my participation in this Activity, including travel to, from and during the Activity. If the University incurs any of these types of expenses, I agree to reimburse the University. If I need medical treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

I am 18 years or older. I understand the legal consequences of signing this document, including (a) releasing the University from all liability, (b) promising not to sue the University, (c) and assuming all risks of participating in this Activity, including travel to, from and during the Activity.

I understand that this document is written to be as broad and inclusive as legally permitted by the State of California. I agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms.

I have read this document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.

Participant Signature:

Participant Name (print):_____