



Internship Proposal Submission Form

Master of Science Degree in Applied Marine and Watershed Science

This form must be signed by all parties before the start of the internship

Student Name

Student ID

Date

Enrollment Term and Year

Expected Graduation Term and Year

Faculty Advisor

Internship Agency or Organization

Description of Institution (include name, year established, general mission and/or purpose, and common types of projects that take place)

Please indicate if you are working for a particular program, division, department, laboratory, etc. within the organization

Internship Supervisor

Supervisor's email address

Internship Site Address

Title of your internship

Intern position

Start Date

End Date

Average hours per week

Total hours planned (400 hrs. min)

Student Signature & date

Internship Supervisor Signature & date

Faculty Advisor Signature & date

AMWS Academic Coordinator Signature & date

Science Internship Program use only

Internship Agreement: Short-term

Long-term

Internship Approved by:

Internship Proposal Instructions

Master of Science Degree in Applied Marine and Watershed Science

The Internship Proposal must be 5 - 7 pages, (1 inch margins, 1.5 spacing, and 12 point font) with additional pages for appendices, figures, tables, and maps. All figures and tables must be properly captioned and referenced in the text where applicable. The proposal must include the following information:

1. General project description
 - introduction to the topic (context and background)
 - statement of the problem or goal
 - general objectives
2. Intern role and responsibilities
 - specific tasks and methodology
 - expected outcomes and/or deliverables
3. Relationship to AMWS courses and skills
 - AMWS courses and skills to be used in this internship
 - new skills and/or knowledge expected to be acquired through this internship
 - relevance to career path
4. Timeline
5. References (5 or more citations, at least 3 from peer reviewed sources)

Requirements to Receive Internship Credit

1. Approval of Internship Proposal (page 1 of this packet must be signed and approved by all parties).
2. Enrollment in the AMWS Internship Course ENVS 594.
3. Successful completion of a minimum of 400 internship hours, as evidenced by the internship supervisor's submission of a Mid-Internship Evaluation (at approx. 200 hrs.) and a Final Internship Evaluation (at 400 hrs.). Evaluation forms are available at csumb.edu/amws/forms.
4. Submission of an advisor-approved Internship Summary Report (this report is separate from other products and reports prepared for the sponsor; the template is available at csumb.edu/amws/forms).

Evaluation Rubric for the AMWS PSM Proposal

The purpose of this form is to both clarify the proposal expectations to the students and to help advisors provide feedback. The completed form can be turned in with the proposal, but it is not a requirement.

Student Name: _____ Advisor Name: _____

Internship Project Name: _____

1. Proposal Content	Points (1 - 5)	Comments (optional)
A. Introduction to the topic (context and background)		
B. Statement of the problem or goal		
C. General objectives		
D. Specific tasks and methodology		
E. Expected outcomes and/or deliverables		
F. AMWS courses and skills to be used in this internship		
G. New skills and/or knowledge expected to be acquired through this internship		
H. Relevance to career path		
I. Timeline		
J. References (5 or more citations, at least 3 from peer reviewed sources)		
2. Project Quality	Points (1 - 5)	Comments (optional)
A. Level of relevance of the project into AMWS course curricula		
B. Likelihood that the activity will be of significant educational value for the student		
C. Shows high quality in the design of the proposed activity		
D. Meets your expectations for a graduate level project proposal		
3. Quality of writing	Points (1 - 5)	Comments (optional)
A. Mechanics (correct spelling, grammar, and punctuation; proper sentences and paragraph structure; correct use of capitalization)		
B. Ideas, content, and tone (interesting, well-stated main idea or topic sentence; uses logical plan with an effective beginning, middle, and end; good flow of ideas from topic sentence to details in sequence)		
C. Scientific writing (proper use of citations, support for major ideas, correct use of scientific terms, etc.)		



California State University
MONTEREY BAY
Extraordinary Opportunity

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

Activity:

Activity Date(s) and Time(s):

Activity Location(s):

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, Monterey Bay, the University Corporation at Monterey Bay, 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 which 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):

Date:



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If Participant is under 18 years of age:

I am the parent or legal guardian of the Participant. **I understand the legal consequences of signing this document, including (a) releasing the University from all liability on my and the Participant's behalf, (b) promising not to sue on my and the Participant's behalf, (c) and assuming all risks of the Participant's participation in this Activity, including travel to, from and during the Activity.** I allow Participant to participate in this Activity. I understand that I am responsible for the obligations and acts of Participant as described in this document. I agree to be bound by the terms of this document.

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

Signature of Minor Participant's Parent/Guardian

Name of Minor Participant's Parent/Guardian (print)

Date

Minor Participant's Name