



Student Application Form

Last Name:		First Name:		Student ID:	
Address		City:		State:	Zip:
Phone:		Email:			
<input type="checkbox"/> Undergraduate Student			<input type="checkbox"/> Graduate Student		
<input type="checkbox"/> I am a declared Business Major with concentration(s) in: _____ My Class Standing: <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> I have a grade point average of _____ [Note: MIS & ACCY need 2.75] <input type="checkbox"/> I have completed 75 units <input type="checkbox"/> I have completed 15 units of upper division business courses at Sac State <input type="checkbox"/> I have completed the WPJ. Date: _____			<input type="checkbox"/> I am a declared Master's level student in the following program: <input type="checkbox"/> MBA-Gen <input type="checkbox"/> MSBA-MIS <input type="checkbox"/> MCAP <input type="checkbox"/> MS-ACCY <input type="checkbox"/> MSBA Tax <input type="checkbox"/> I have a GPA of 3.0 or higher <input type="checkbox"/> I have completed the Foundation Courses <input type="checkbox"/> I have completed 6 or more units of program core requirements <input type="checkbox"/> I have met the writing proficiency requirement for graduate students (WPE or exemption)		
International Student?: <input type="checkbox"/> Yes <input type="checkbox"/> No		Expected Date of Graduation: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer Year: _____			
Are you willing to postpone graduation for an Internship/Co-Op if necessary <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure					
** Please read and initial the statements on the second page before signing this form.					
Student's Signature:			Date:		
<div>For COB Office of Student Engagement Use Only</div> <div>Application for <input type="checkbox"/> Fall _____ <input type="checkbox"/> Spring _____ <input type="checkbox"/> Internship <input type="checkbox"/> Co-Op Course No. _____</div> <div><input type="checkbox"/> Approved <input type="checkbox"/> Denied Date _____ Signature _____</div> <div>Comments</div>					

Please read and initial the following statements:

___I authorize the College of Business Administration to provide prospective employers with copies of my resume and transcript for the purpose of seeing an Internship or Co-op position

___Upon accepting an Internship or Co-Op position, I authorize the COB Internship/Co-op Program to arrange the processing of appropriate registration materials for credit granted under the College of Business Administration. I understand that I am required to pay the corresponding fees for the appropriate units [full-time work - 12 undergraduate units/ 9 graduate units; part time work = 3 or 6 units for all class levels]. This also applies to non-resident and second BA students.

I understand the following:

___Students must be informed if there is an awareness of any foreseeable personal health or safety risk that may be inherent in an off-campus learning experience.

___It is the student's responsibility to ask about any potential personal health or safety risks. It is also the student's responsibility to comply with the host organization's health and safety requirements.

___Students are responsible for any pre-employment health and safety preparation and must participate in such preparation when offered by the host organization.

___The University does not assume liability for students participating and does not provide liability or medical coverage for participants in any off-campus learning experience.

___University employees (management, staff, or faculty) are not authorized to sign a "hold harmless and indemnification" agreement from a host organization.

___I am clearly aware, have read, and have received a copy of the above guidelines prior to my participation in any off-campus learning experience.

To obtain your Unofficial Transcript through My Sac State:

You must have a SacLink account

1. Go to www.csus.edu
2. Log into My Sac State.
3. Go into your Student Center.
4. Under the title Academic History, click on the Unofficial transcript link.
5. Then click on the down arrow for the report type, "Student Unofficial Transcript".
6. Hit go.
7. Print.

**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, California State University - Sacramento 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): _____

Date: _____

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