

## International Internship and Practicum Checklist

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_  
 Course: \_\_\_\_\_ Destination: \_\_\_\_\_  
 Faculty Supervisor: \_\_\_\_\_ Intended Semester: \_\_\_\_\_

<b>Required Documents:</b>	<b>Completed</b>
<b>First Step:</b>	
International Internship Proposal and Risk Assessment	<input type="checkbox"/>
<b>Second Step: Student</b>	
Application for Student International Internship or Practicum Placement* ( <i>student</i> )	<input type="checkbox"/>
Student Resume* ( <i>student</i> )	<input type="checkbox"/>
Statement of Student Record retrieved from Banner* ( <i>dept./program assistant</i> )	<input type="checkbox"/>
<b>Third Step: Faculty</b>	
Internship/Practicum Placement Agreement ( <i>Usually provided by host organization – outlines intern responsibilities, conditions of work, etc.</i> )	<input type="checkbox"/>
Course syllabus specific to the internship/practicum	<input type="checkbox"/>
Final Approval Form	<input type="checkbox"/>
Updated Risk Assessment, if required	<input type="checkbox"/>
<b>Third Step: Student</b>	
Copy of passport and, if applicable, student travel VISA	<input type="checkbox"/>
<b>International Travel Forms:</b>	
- Statement of Risks and Terms of Travel	<input type="checkbox"/>
- Assumption of Risk, Release of Liability and Indemnity Agreement	<input type="checkbox"/>
- Student Information Form for International Travel	<input type="checkbox"/>
- Freedom of Information	<input type="checkbox"/>
- Photo/Video Release Form	<input type="checkbox"/>
- Emergency Contact Form	<input type="checkbox"/>
<b>Required Pre-Departure Activities:</b>	
- Pre-Departure session(s) with International Education	<input type="checkbox"/>
- Registration with International SOS	<input type="checkbox"/>
- Registration with Canadians Abroad (ROCA)	<input type="checkbox"/>

**\*These documents may be submitted to the appropriate Department Head or Director and Dean for preliminary approval.**

## International Internship Proposal Form

### Proposal Approval – attach Risk Assessment

Department Head/Director (print name): \_\_\_\_\_ Dept: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signing Dean (print name): \_\_\_\_\_ Faculty: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Does the faculty supervisor need to complete an updated risk assessment for the final approval package? Yes No

**NAME OF INTERNSHIP:** \_\_\_\_\_

### Internship Supervisor Information

Name: \_\_\_\_\_ Department: \_\_\_\_\_

Position: \_\_\_\_\_ Local: \_\_\_\_\_

**DESCRIBE THE INTERNSHIP:**

**Internship Details**

Dates: From _____ to _____		Number of weeks: _____
Primary location of Internship: _____ (city) (province/state) (country)		
Additional Internship locations: _____ (excluding tourism) (city) (province/state) (country)		
# of students: _____	Academic prerequisites: _____ _____ _____	
	Other eligibility requirements:   	

**Important Information**

\*No participant under the age of majority is permitted to take part in this activity (age of majority in BC is 19).

**Proposed Course Description(s)**

Indicate which course(s) students in the internship will complete:

1. Will any of the courses satisfy major/minor requirements?

Yes

No

**Program Logistics**

ACCOMODATION

Participant housing and meal arrangements:

- a. What type of accommodation will be arranged? \_\_\_\_\_  
\_\_\_\_\_

TRANSPORTATION

Describe transportation arrangements to program site:

- b. What modes of transportation will be used during the program? \_\_\_\_\_  
\_\_\_\_\_
- c. Arrangements to be handled by (student, agent, or company name): \_\_\_\_\_  
\_\_\_\_\_
- d. Transportation from airport to program site: \_\_\_\_\_  
\_\_\_\_\_

**Internship Administration**

Please give an outline of the division of administration responsibilities for the program:

a. UFV Internship Supervisor:

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b. Faculty and/or Department:

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c. Host country internship supervisor (if applicable):

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### Pre-departure Orientation

At least two (2) pre-departure orientations must be completed for final approval.

1. Upon internship approval, the internship supervisor will provide in-depth country/region/culture specific orientation(s) with the student(s) using information and resources from, but not limited to, the following sources: Global Affairs Canada (Assistance to Travellers): SOS (Membership # 27ACAS601734):  
<https://www.internationalsos.com/>
2. At least 3 weeks before departure, the internship leader will book an appointment for a pre-trip orientation that will include Student Code of Conduct, Cultural Adjustment, and International SOS registration and user guide. Please book with HYPERLINK  
"mailto:Kara.Bertram@ufv.ca" [Kara.Bertram@ufv.ca](mailto:Kara.Bertram@ufv.ca)

Internship Supervisor Name: \_\_\_\_\_ Date: \_\_\_\_\_

Internship Supervisor Signature: \_\_\_\_\_

## Risk Assessment – International Travel Work/Field Study Risk Internship

\*To be included with International Internship Proposal and Final Approval Form

Date of Assessment: \_\_\_\_\_

\*Depending on the assessed risk, nature of activity, country of travel, or other factors, you may be required to complete a more extensive risk assessment.

Name of Internship: \_\_\_\_\_

Countries and Cities to be visited: \_\_\_\_\_

Date of Departure: \_\_\_\_\_ Date of Return: \_\_\_\_\_

Purpose of Visit: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Department Head or Director: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Dean: \_\_\_\_\_ Date: \_\_\_\_\_

Have you travelled to this country before? Yes  No

Please specify if you have extensive knowledge of the country you are visiting (e.g., From residence, citizenship, or work experience):

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**What are the current travel, health, and security risks for the country (and city if available)?**

\*Please use Global Affairs Canada <https://travel.gc.ca/travelling/advisories> and [International SOS](http://International SOS) (ISOS) [www.internationalsos.com](http://www.internationalsos.com) (membership # 27ACAS601734) to complete the RiskAssessment.

Travel Advisories:

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Health Advisories:

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Security Advisories:

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Other:

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## International Internship Final Approval Form

**Final Approval - must be submitted no later than 4 weeks prior to departure**

Name of internship: Internship supervisor: Faculty package complete?    Yes        No Student package complete?   Yes        No Who provided pre-departure orientations?
Have there been any changes to the proposed internship (itinerary, dates, logistics, etc.) since the proposal was approved? If yes, please outline:  <hr style="border: 0; border-top: 1px solid black;"/>

<b>Faculty supervisor:</b> please note any key changes to the risk assessment since the proposal, if applicable.

Dean (print name): _____ Faculty: _____ <hr style="border: 0; border-top: 1px solid black;"/>
Signature: _____ Date: _____