



Memorandum of Understanding
 Summer 2020 | CPD Grant Award

By signing this Memorandum of Understanding, I **understand and agree** to:

Please initial each item and sign at the bottom.

_____ 1. Pay back the full grant award amount if I do not complete the internship as described in my application, and/or if I fail to satisfy all of the required activities.

_____ 2. I acknowledge that I am seeking this CPD Grant Award (“grant award”) in the midst of the COVID-19 pandemic. This pandemic has resulted in various declarations of national, state and local emergencies and actions by governmental authorities that restrict the movement and gathering of persons. In addition to requiring compliance with all COVID-19 governmental restrictions, LMU has issued international and domestic [COVID-19 travel restrictions](#). **This grant award may only be used in full accordance and compliance with all federal, state and local governmental and LMU COVID-19 related restrictions.** For example, this grant award may not be used to purchase travel or housing outside of Southern California.

_____ 3. Complete the internship as described in my grant award application, meeting the required minimum 240 hours over a minimum of 8 weeks during interim.

_____ 4. Attend an Internship Orientation. Available dates and times below. Please RSVP through Handshake to receive Zoom log-in instructions.

- Monday, April 27, 2pm
- Tuesday, April 28, 12:15pm
- Wednesday, April 29, 5:30pm

_____ 5. Enroll in an Academic Internship Course for zero (no fee) or one unit (fee associated). Courses available are: ICLA 2100, ICSE 2100, ICBA 2100, ICFA 2100, ISOE 2100, IFTV 2100.

_____ 6. Complete an experience form and evaluation about my internship, which will be sent by CPD through Handshake near the end of the term, and includes a mid-summer evaluation for the employer to complete.

_____ 7. Add this internship experience to my Handshake profile, tagging the employer, and make my profile public and searchable for LMU students. The experience will include my title, term, company, tasks and accomplishments, and location.

_____ 8. Attend post experience reflection session on Wednesday, September 2nd or Thursday, September 3rd from 5:30-7:00 PM to share experience with peers, campus and community partners. Please RSVP through Handshake.

By signing this form, I agree to comply with all applicable federal, state and local governmental and LMU COVID-19 requirements and restrictions and to participate fully in all activities described above.

Name _____

Signature _____

Date _____