

### Student Internship Agreement

Directions: The student's address, telephone number, and email address should be correct for the term the student is doing the internship. This agreement must be signed by the student, the internship provider, and the faculty internship coordinator

	Credit Hours:	
Student's Name:	Student's ID and/or SS#:	
Student's Address:	Phone: Cell:	Email:
City:	State:	Zip
Internship Provider or Agency:		
Provider's Address		
City:	State:	Zip:
Immediate Supervisor	Phone: Fax:	Email

### Agreement

**THE STUDENT AGREES TO:**

- Fulfill his/her agreement to report to work on the assigned days and hours
- Perform all assigned tasks to the best of his/her ability
- Be available for consultation with the faculty internship coordinator

**THE INTERNSHIP PROVIDER AGREES TO:**

- Provide the intern with the practical work experience of professional relevance.
- Provide a variety of work experiences to the student.
- Be willing to provide a mutually agreed time for the faculty internship coordinator to meet with the student intern and the internship provider.  
 Discuss with the faculty internship coordinator any misunderstandings, problems, or termination of the internship before taking action.  
 Assist the faculty intern coordinator in assessing the student intern's performance by completing an evaluation form.

***THE FACULTY INTERNSHIP COORDINATOR AGREES TO:***

- Be available for consultation at mutually agreed to times, with the other signatories of this agreement.
- Visit, by mutually agreed appointment, the student intern and the internship provider at the work place at least one time during the term. (If this is not possible, a telephone call to the internship provider will substitute for the visit.)
- Meet and/or talk with the internship provider to evaluate the student's performance at the end of the term.

Description of Internship (Conditions, duties, hours, etc.):

Student's Goals (to be transferred to the Evaluation Form):

- A.
- B.
- C.

Signatures

Student Intern: \_\_\_\_\_

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

Internship Provider: \_\_\_\_\_

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

Intern Coordinator: \_\_\_\_\_

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