**CAREER SERVICES & INTERNSHIPS**

**INTERNSHIP WORK AGREEMENT**

**I, the undersigned, have read the following and agree:**

* This contract and any other forms required by the Faculty Supervisor, Field Supervisor, or Internship Coordinator must be completed before the internship begins. Calculation of hours spent in the field begins after the proper contracts have been returned to the University. No credit will be given if this condition is not met, regardless of time spent in the field.
* The intern should honor the ethical standards and professional codes and practices of the field of the internship.
* The internship should provide varied learning experiences and activities; it should not exploit the intern.
* The intern’s work responsibilities and work schedule, including vacation time, shall be arranged by the intern and the internship field supervisor.
* The number of working hours per internship shall be a minimum of 150 hours per semester.
* The student will maintain a log or portfolio documenting the internship. The faculty internship supervisor may require additional material which will be stated below.
* The legal agreement between the University and the organization shall be effective until formally rescinded by Career Services and the organization.
* The internship field supervisor will provide continual evaluative information to the intern regarding the intern’s work and will submit a minimum of two written evaluations to the University.
* The intern shall schedule periodic conferences with the faculty internship supervisor. The number and nature of these conferences shall be determined by the faculty internship supervisor. Failure to adhere to an agreed upon schedule of these conferences will result in the termination of the internship.
* The internship may also be terminated at any time that (1) one or more of the above conditions is violated; or (2) an agreement to terminate is decided mutually between below signed parties.

Please complete information below indicating you have read the internship work agreement.

|  |  |
| --- | --- |
| Name: Click here to enter text. | Internship Supervisor’s Name: Click here to enter text. |
| Student’s ID: Click here to enter text.  Student’s e-mail: Click here to enter text. | Internship Supervisor’s Phone: Click here to enter text. |
| Career Services Coordinator: Click here to enter text. | Internship Supervisor’s e-mail: Click here to enter text. |
| Paid or Unpaid | Amount Paid $\_\_\_\_\_\_\_ |
| Semester: Click here to enter text. | Date: Click here to enter text. |