UNIVERSITY OF FINDLAY INTERNSHIP AGREEMENT

A. INTERNSHIP INFORMATION

COLLEGE/DEPARTMENT:	DATE:
DOMESTIC INTERNSHIP (W/IN US):	City/State of Internship:
INTERNATIONAL INTERNSHIP**:	Country of Internship:
INTERNSHIP PROVIDER NAME:	
Address:	
Internship supervisor contact name:	
Supervisor title:	Phone:
Email:	

B. STUDENT INTERN INFORMATION

Name:	Cumulative GPA:	
Address:		
UF Email:	Phone:	
Emergency Contact:	Relation to Student:	Phone:

If this is a ZERO-CREDIT internship, skip Section C

C. FOR-CREDIT INTERNSHIP INFORMATION

·····	Course Prefix & Number: Minimum Total Hours Required:	Credit Hours:		
UNIVERSITY INTERNSHIP FACULTY SUPERVISOR NAME:				
Phone:	Email:			

This Agreement is entered into this ______ day of ______, 20_____, between ______ the (name of entity providing Internship), hereinafter referred to "Internship Partner," ______ the

"Student Intern," and the University of Findlay, hereinafter referred to as the "University."

****International internships only:** International internships must be certified by The Office of International Education. To do so, complete the following Google Form: <u>https://goo.gl/forms/e4z2IdVVkzQF7KIj2</u>

D. STUDENT INTERN: Throughout the duration of this Agreement, the Student intern will be responsible for:

- 1. **Understanding** that s/he must follow all internship policies and procedures specified by her/his individual college and/or department;
- 2. **Understanding** that s/he must perform duties and tasks punctually. Prior to requesting to take time off from work for any University requirements, the Student Intern must first obtain the consent of the Faculty Internship Supervisor. Student Interns will not be allowed to take academic work for credit that conflicts with the regularly scheduled work hours of the internship;
- 3. Understanding that the Internship Partner retains overall supervisory responsibility for and authority over Student Intern's work effects and overall operational matters, and that the Internship Partner will maintain administrative and professional supervision of Student Intern at all times while Student Intern is present at the Internship Partner. If Student Intern has any questions or concerns regarding the Internship Partner's policies and procedures, the conduct of the program, Student Intern's duties in the program, or any other issue related to Student Intern's presence at the Internship Partner. Student Intern agrees to work cooperatively with Internship Partner staff to maintain an environment of quality learning;
- 4. **Understanding** that s/he will not publish or permit others to publish any materials relative to any internship, which materials have not been previously reviewed and approved by both the Internship Supervisor and Faculty Internship Supervisor;
- 5. Understanding that her or his opportunity to participate in an internship at the Internship Partner is at the discretion of the University and at the ultimate discretion of the Internship Partner, and that either University or Internship Partner may, upon written notice to Student Intern and to the other party, immediately withdraw Student Intern at any time from an internship based upon any criminal or fraudulent activity on the part of the Student Intern, perceived lack of competency

UNIVERSITY OF FINDLAY INTERNSHIP AGREEMENT

on the part of the Student Intern, Student Intern's failure to comply with the rules and policies of the University or Internship Partner, Student Intern's failure to comply with the terms and conditions of this Agreement, or for any reason for which the University or Internship Partner reasonably believes it is not in the best interest of the program for the Student Intern to continue. The Student Intern may also be subject to disciplinary action, which could result in suspension from the University in addition to failure of the course (if applicable). Any Student Intern who is terminated must notify the Center for Career & Professional Development and their Faculty Internship Supervisor (if applicable) immediately.

- 6. Understanding that tasks performed by Student Interns are a part of a planned and scheduled program of work and that absence from work necessitates re-planning and rescheduling of work expected of that Student Intern. Therefore, in case of sickness or other emergency that necessitates the Student Intern's absence from work, the Internship Supervisor should be notified as early as possible. A Student Intern may not leave the internship without prior approval of the Faculty Internship Supervisor (if applicable) and the Internship Partner. Student Interns are subject to the University policies regarding class;
- 7. Understanding that if the internship is being taken for academic credit and it becomes necessary to withdraw from the internship the Student Intern will be subject to the University policies regarding course and University withdrawals;
- 8. Understanding that in the event that s/he is receiving financial compensation for the internship, it is understood that during the period of the internship, the Student Intern is to give primary concern to the accomplishment of internship objectives and secondary concern to her/his status as a paid Student Intern;
- **9. Understanding** that there may be professional fees associated with the internship and that the Student Intern will be informed of those fees by the Internship Partner prior to the confirmation of the internship; and
- 10. Understanding that this Agreement is not to be construed as an employment contract or promise of future employment.

E. UNIVERSITY: Throughout the duration of the Agreement, University of Findlay will be responsible for:

- 1. Reviewing and evaluating the proposed objectives of each individual Student Intern as they relate to the internship position description supplied by the Internship Partner;
- 2. Providing the following documentation for each Student Intern: *College/Departmental Requirements, Student Learning Objectives, and Student Evaluation Criteria;*
- 3. Evaluating the Student Intern's progress;
- 4. Assigning the Student Intern's grade (if applicable) for the internship after receiving input from the Internship Partner; and
- 5. Addressing Internship Partner concerns or problems related to the administration of the internship program as a whole, or of an individual Student Intern.

F. INTERNSHIP PARTNER: Throughout the duration of this Agreement, the Internship Partner will be responsible for:

- 1. Providing a job description to be used by the Faculty Internship Supervisor and Student Intern to determine the appropriateness of the internship;
- Understanding that in the event the Student Intern is receiving financial compensation for the internship, the Student Intern is to give primary concern to the accomplishment of internship objectives and secondary concern to his/her status as a paid Student Intern;
- 3. Providing the Student Intern with periodic assessment of progress and a written evaluation of the Student Intern no later than the last week of the internship;
- 4. Completing midterm and final evaluations of Student Intern's performance, conduct, etc. sent via email;
- 5. Providing the Student Intern with adequate information and instruction of safe, effective functioning in the workplace;
- 6. Making the final selection of the Student Intern in accordance with the Americans with Disabilities Act and Equal Employment Opportunity statutes;
- 7. Furnishing the University with the name of a specific person within the Internship Partner to serve as a point of contact for liaison, communications, etc. (this may be specific for each Student Intern or a single individual for all Student Interns);
- 8. Abiding by state and federal laws applicable to employment;
- 9. Agreeing to receive no remuneration for this program; and
- 10. Agreeing to maintain confidentiality of student records in compliance with applicable law, including the Family Education Rights and Privacy Act (FERPA).

G. INSURANCE VERIFICATION / PERSONAL INJURY STATEMENT

1. Does Student Intern have personal health insurance (individually purchased through University, parents, an employer, or other entity)?

Note: Some internship sites require a Student Intern to have health insurance coverage. Check appropriate response.

UNIVERSITY OF FINDLAY INTERNSHIP AGREEMENT

__Yes

______ No, I do not have personal health insurance. I understand that any medical care, including emergency care, I might receive will be my sole expense and responsibility.

This is an international internship and I've completed the necessary Google Form that includes insurance information. (Student Intern initials)

2. <u>Students engaged in internship activities ARE NOT covered by University of Findlay insurance for personal injury or property</u> <u>damage</u>. Students engaged in internship activities other than those in educational programs to become health professionals, veterinary or pre-veterinary programs, ARE NOT covered by the University malpractice liability insurance. Student understands and acknowledges that s/he is not covered by a policy held by the University in connection with internship activities. <u>If the student has questions regarding this, Student agrees to contact appropriate University personnel.</u>

3. Personal Injury Statement: I acknowledge the benefits received from my experience as a Student Intern and in consideration thereof, I agree to indemnify and hold University of Findlay harmless from any and all claims of injury to myself or any other person and/or damage to any property arising from or connected with my internship at the Internship Partner named above.

H. TERM OF AGREEMENT

1. This agreement becomes effective on the date of acceptance and signature by the University of Findlay, the Student Intern, and the Internship Partner. Cancelation or modifications must be put in writing and, except in extraordinary circumstances, should not affect a Student Intern currently serving in an internship position.

This Agreement shall be in effect for the following period: Begin Date: _____ End Date: _____

2. This Agreement is not to be construed as an employment contract or promise of future employment.

3. This Agreement shall remain in effect beyond the end date specified above if the Student Intern is unable to complete the required hours by the end date and the University and Internship Partner agree that the Student Intern may complete the required hours after the end date.

I. STATEMENT OF EQUAL OPPORTUNITY

The University of Findlay is an Equal Opportunity Employer/Affirmative Action Employer Male/Female/Disabled/Vet.

Internship Partner certifies that it is an equal opportunity employer by signing below.

SIGNATURES

WITNESSETH that each of the Internship Partner, the University, and the Student Intern has read this contract and, in consideration of mutual covenants, promises and agreement herein contained, agrees to the provisions as stated.

Internship Partner Representative	Date:
University of Findlay Representative	Date:
Student Intern	Date:

J. FORM DISTRIBUTION

- 1. Changes to this form are not allowed without prior authorization from the University of Findlay legal counsel.
- 2. Original of this completed form will be given to the Center for Career & Professional Development.

3. Copies of this completed form will be given to University of Findlay Academic Department or College, University Faculty Internship Supervisor, Student Intern, and the Internship Partner.