

Internship/Experiential Learning Agreement Form

This form is an agreement between the employer/organization, the faculty supervisor, and the student. Any changes to this agreement, including termination, requires discussion and documentation by all parties.

Student Name: _____ Phone: _____

Email Address: _____

Address: _____

Course Number: _____ Semester: _____

Are you and International Student? _____ Expected Graduation: _____

Name of Organization: _____

Address: _____

Supervisor's Name: _____ Phone: _____

Email Address: _____

The Student Agrees To:

Position Title: _____ Start & End Dates: _____

Work Schedule (estimated if necessary): _____

Compensation (if any): _____

Duties and Responsibilities:

Learning Objectives:

Adhere to Organizational Policies and Procedures:

Name of Faculty Supervisor: _____

Email Address: _____

The Employer/Organization Agrees To:

Provide training for student to successfully perform duties:

Help student successfully fulfill learning objectives:

Ensure student can legally work in U.S., if applicable:

Pay a salary/stipend (if any) under state and federal labor laws:

Evaluate the student at the end of the semester:

Notify faculty supervisor with any questions or concerns:

Signatures:

Student: _____ Date: _____

Faculty Supervisor: _____ Date: _____

Employer/Organization: _____ Date: _____