

EMPORIA STATE UNIVERSITY

E Number _____

Full Name (Please Print) _____

INTERN INFORMATION

Degree and Major _____

Minor _____

Graduation Date _____

Current Address:

City _____ State _____ Zip Code _____

Cell Phone _____ Land Phone _____

E-mail Address:

Where can we reach you *during your internship?*

Address _____

City _____ State _____ Zip Code _____

E-mail _____

Emergency Contact Information:

Full Name _____ Relationship _____

Home Phone _____ Cell Phone _____

Work Phone _____ E-mail _____

Complete Address _____

City _____ State _____ Zip Code _____

Full Name (Please Print) _____

EMPORIA STATE UNIVERSITY

Intern's Full Name (Please Print) _____

EMPLOYER INFORMATION

Internship Position _____

Employer Name _____

Employer Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____ Hours per Week _____ Pay _____

E-mail _____

Start Date _____ End Date _____

Additional Information

ACADEMIC CREDIT

Internship Supervisor at ESU: _____

Department _____ Semester _____ Year _____

Credit Course _____ Number of Hours _____ Faculty _____

Credit Course _____ Number of Hours _____ Faculty _____

Credit Course _____ Number of Hours _____ Faculty _____

Credit Course _____ Number of Hours _____ Faculty _____

EMPORIA STATE
UNIVERSITY
INTERNSHIP AGREEMENT
BETWEEN STUDENT AND EMPORIA STATE UNIVERSITY

This contract is valid for only one term. Every term in which you work at an internship placement requires a new contract. Required **signatures really are REQUIRED.**

In order to participate in an internship program at Emporia State University, I agree that I will:

- 1 Gain approval from my faculty advisor before signing up for an internship. He/she will evaluate my readiness to begin this program.
- 2 Provide my faculty advisor with accurate and current employer contact information and descriptions of the jobs/projects I would like to have considered for internship recognition. He/she will judge the technical and quality content of any internship opportunities I consider.
- 3 Officially register for an internship course using my academic department's internship experience course number. Again, I know that I **MUST HAVE** prior approval of my faculty advisor.
- 4 Review my financial aid, scholarship, student loans, and health insurance to understand how this internship may impact my funding and coverage.
- 5 Maintain regular contact with my faculty advisor and fulfill all the departmental academic requirements. Most internship experiences will require submission of a complete report of activities and learning at the conclusion of each semester.
- 6 Facilitate the arrangements for a site visit by my faculty advisor at my work place, if a visit is requested or required. This may include coordinating a meeting with my work supervisor and faculty advisor.
- 7 Complete and return the evaluation forms that I receive from Career Services and or my faculty advisor.
- 8 When complete, return this signed contract, with a copy of the approved job description, including company and supervisor contact information, to Career Services.

I also agree that:

- 1 I have received a copy of Career Services handbook and understand the ESU guidelines on equal opportunity, affirmative action, sexual harassment, grievance procedures, and the Student Code of Conduct. As well as Principles for Employment Professionals, An Overview of EEO and Nondiscrimination, and A guide to affirmative action, reprinted from the National Association of Colleges and Employers (NACE).
- 2 I understand that the violation of any university policy or state/federal law will be grounds for termination from the program and possibly from the university.
- 3 I understand and accept all of the above conditions for my participation in the Internship Program at Emporia State University and will cooperate with the guidelines and procedures of Career Services.

Signature _____

Date _____

Print Name _____

EMPORIA STATE UNIVERSITY

INTERNSHIP WAIVER OF LIABILITY

I, _____, of the City of _____,

County of _____, State of _____, for and in consideration of my participation in the scheduled work experience program (internship or cooperative work term) sponsored by Emporia State University during the _____, 20____, semester and which I freely and voluntarily accept to participate, do hereby expressly agree and understand not to hold Emporia State University, its Board of Regents, officers, administrators, employees, representatives, and/or other agents, and their heirs, successors, and assigns, liable in any way whatsoever for any injury, or damage, or loss of property sustained by me or persons other than myself, arising out of, or in connection with, or due to negligence, fault, or otherwise, during any part of my participation in the aforementioned program.

For the same consideration and without conflict with the foregoing, voluntarily and knowingly, I hereby release and discharge Emporia State University, its Board of Regents, officers, administrators, employees, representatives, and/or other agents, and their heirs, successors, and assigns, both in their official and individual capacities, jointly and separately, from any actions, causes of action, claims, demands, damages, costs, and expenses on account of or in any way growing out of any and all loss of personal property or injury, as the result of any accident, delay, or irregularity which may be caused either in whole or in part by any defect in any vehicle, airplane, vessel, or negligent operation thereof and through any act, error, or omission, or default of any company or person, or by reason of the conditions or use of any real or personal property while I am en route to, or from, or participating in the trip or program or occasioned by it.

I further promise to bind myself and all my heirs, administrator, and executors to indemnify and forever hold harmless Emporia State University, its Board of Regents, officers, administrators, employees, representatives, and/or other agents, and their heirs, successors, and assigns, against loss, damage, or expense from any and all claims, demands, actions, or causes of actions that may occur while en route to, or from, or participating in the trip or program or any activity relating to or occasioned by it.

I have read this release and understand all its terms and execute it voluntarily and with full knowledge of its significance.

Dated this _____ day of _____, 20_____.

Student Signature Parent or Legal Guardian (if under 18 years of age)

INTERNSHIP AGREEMENT BETWEEN STUDENT & EMPLOYER

Intern Name: _____

Title of Internship Position: _____

Duration of Internship: Start Date: _____ End Date: _____

Hours per Week: _____ Rate of Pay: _____

Employer/Company Name: _____

Company web site: _____ Company Phone: _____

Address: _____

Name of Supervisor: _____ Phone: _____ E-mail: _____

Please list the main duties that the intern will perform and the approximate percent of time on each duty (formal job description may be attached in lieu of this information): Duty % Time on Duty

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8

Please list the work experiences that the intern will gain from your employment that will make the intern more marketable for future employment:

- 1
- 2
- 3
- 4
- 5
- 6

Date Supervisor Signature

INTERNSHIP AGREEMENT BETWEEN STUDENT & FACULTY

(a separate form must be completed for *each* course taken)

Academic Advisor:

_____ has my permission, subject to review by the International Student Advisor for F-1 visa holders, to proceed with official registration for Emporia State University's Internship Program.

- 1 I reviewed the description of the internship opportunity provided by this student and his/her prospective internship employer.
- 2 I agree that, as described, this position has relevance to this student's academic program, and contains appropriate and sufficient technical content and learning opportunities for inclusion in the university's internship program.
- 3 I have verified that the student is in good academic standing. I believe she/he is prepared to complete this internship

Academic Advisor: Name (Please Print): _____ Department: _____

Signature: _____ Date: _____

E-mail: _____ Work Phone: _____

Intern's Full Name: _____

ESU course catalog number for internship credit: _____

Will this course substitute for another course? No Yes If Yes, which course: _____

Proposed number of credit hours to be awarded upon successful completion of internship: _____

Faculty - Describe in detail the **academic requirements** of the work experience and the **expected learner outcomes** of this internship. Attach additional pages or syllabus as needed.

Signature of Intern _____ Date _____

Signature of Faculty Supervisor _____ Date _____

*Note: The intern is not to enroll in any course for internship credit until the above form has been filled out completely and is properly signed. There is to be no grade given until the internship is completed and all academic requirements as listed above have been met. No credit is to be given for learning/work experiences acquired prior to the internship nor is credit to be granted retroactively.

International Student - Here on a F-1 Visa:

Because the U.S. Citizenship and Immigration Service has certain rules that I must follow, I agree to:

- 1 Have a preliminary conversation with the International Student Advisor so that we can review my USCIS work eligibility.
- 2 Bring this contract, AFTER it has been reviewed and signed by me, by my employer and by my faculty advisor to the international Student Advisor BEFORE I begin my internship assignment. This step is necessary so that the International Student Advisor may authorize my I-20 for curricular/optional practical training. I understand that my I-20 must be re-authorized for practical training every semester that I work.
- 3 Work no more than 20 hours per week during the academic terms. I understand that, upon training authorization from the International Student Advisor, I may be able to work full-time hours during semester breaks and the summer sessions.

Signature: _____ Date: _____

International Student Advisor:

I have met with the above named student and **have** _____ / **have not** _____ authorized curricular / optional practical training.

Signature: _____ Date: _____