EMPORIA STATE U N I V E R S I T Y

Full Name (Please Print)_____

UNIVERSITY

	EMPLOYER	INFORMATION	
Internship Position			
Employer Name			
Employer Address			
City			
Phone	Fax	Hours per Week	Pay
E-mail			
Start Date	End I	Date	
Additional Information			
ACADEMIC CREDIT			
ACADEMIC CREDIT Internship Supervisor at ESU:			
ACADEMIC CREDIT Internship Supervisor at ESU: Department		Semester	Year
ACADEMIC CREDIT Internship Supervisor at ESU: Department Credit Course	Number of Hours	SemesterFaculty	Year
ACADEMIC CREDIT Internship Supervisor at ESU: Department	Number of Hours	SemesterFaculty	Year
ACADEMIC CREDIT Internship Supervisor at ESU: Department Credit Course	Number of HoursNumber of Hours	Semester Faculty Faculty	Year



INTERNSHIP AGREEMENT BETWEEN STUDENT AND EMPORIA STATE UNIVERSITY

This contract is valid for only <u>one</u> 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.
- 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.
- 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.
- 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:

- 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.
- 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		



Student Internship Agreement Form

This agreement is entered into on the		
-	(Date: mm/dd/yyyy)	
between Emporia State University, and		
	(host/organization name)	
and		
	(student name)	

for the purpose of experiential learning (such as internships, practica, job shadowing, observations, and other high impact experiences). For the purposes of this agreement, the internship site where the high impact experience takes place is referred to as the "Host". The educational institution that will direct the learning experience and outline the academic requirements is "Emporia State University/ESU". The student who will complete the experience is referred to as the "Student Intern."

Throughout the duration of the high impact experience, the Student Intern agrees to the following responsibilities and requirements:

STUDENT RESPONSIBILITIES

- 1. Arrive to the Host site on time and ready to perform professionally
- 2. Follow all dress codes as designated by the Host
- 3. Follow all policies and procedures specified by the Host and the University
- 4. Request permission for all planned time off
- 5. In the event that the Student Intern is ill and cannot report to the Host site, the student will notify the Host Supervisor as soon as possible, following the Host's protocol for reporting sick leave
- 6. Complete total number of hours required of the experiential learning experience within the specified time frame
- 7. Conduct oneself in a professional manner
- **8.** Inform the Host Supervisor and ESU Internship Coordinator/Faculty Supervisor of any changes in the agreement
- 9. Complete all requirements of the internship program/experience/course within a timely manner
- 10. Notify and gain approval from ESU Academic Advisor to participate in the experiential learning experience
- 11. Enroll for academic credit if applicable
- **12.** Complete and return required evaluation forms to Internship Coordinator/Faculty Supervisor in a timely manner
- **13.** Maintain regular contact with my Internship Coordinator/Faculty Supervisor and fulfill all of the departmental academic requirements
- **14.** Perform all duties and tasks required by employer in the initial learning agreement in a punctual and professional manner
- 15. Perform duties productively and cooperatively with Host staff to maintain a quality learning environment

16. Facilitate the arrangements for a site visit by the Internship Coordinator/Faculty Supervisor at the Host site, if a visit is requested or required. This may include coordinating a meeting with the Host supervisor and Internship Coordinator/Faculty Supervisor.

POLICIES

As a part of this experiential learning experience, the Student Intern will receive information on policies and procedures of both Emporia State University and the Host. The Student Intern agrees to follow all policies of both Emporia State University and the Host as referenced below:

- 1. I agree to follow all policies and procedures outlined by the University and the Host.
- 2. I have participated in the pre-internship orientation with my ESU Internship Coordinator/Faculty Supervisor.
- 3. During the pre-internship orientation, I received information on Emporia State University's policies regarding EEO/non-discrimination regulations, sexual harassment, grievance procedures, reporting process, and the Student Code of Conduct.
- 4. My ESU Internship Coordinator/Faculty Supervisor provided an overview of online resources including the University Manual and specific policies regarding the above regulations.
- 5. I received information on the reporting structure for both Emporia State University and the Host in the event that policy violations occur during this experiential learning experience.
- 6. I will request information from my Host Supervisor for policies related to EEO/non-discrimination regulations, sexual harassment, reporting process, and grievance procedures.
- 7. I agree to immediately report policy violations and/or other concerns to the Host Supervisor, the ESU Internship Coordinator/Faculty Supervisor, and the Emporia State University Title IX Compliance Officer. Reports of discrimination, harassment, and other Title IX or general discrimination and harassment inquiries can be submitted to www.emporia.edu/titleix or report@emporia.edu. Other questions can be directed to Ph. 620-341-5518. Depending on the policy violation, reporting may or may not involve each of these parties listed above.

TERMINATION

I understand that my opportunity to participate in a high impact learning experience/internship at the Host is at the discretion of the University and at the ultimate discretion of the Host, and that either the University or Host may, upon written notice to the Student Intern and to the other party, immediately withdraw the Student Intern at any time from the internship based upon any criminal or fraudulent activity on the part of the student intern, perceived lack of competency on the part of the Student Intern, Student Intern's failure to comply with the rules and policies of the University or the Host, Student Intern's failure to comply with the terms and conditions of this Agreement, or for any other reason for which either the University or the Host reasonably believes it is not in the best interest of the program for the Student Intern to continue.

WAIVER OF LIABILITY & HOLD HARMLESS AGREEMENT

As a Student Intern, I hereby agree to hold harmless Emporia State University, its Board of Regents, officers, administrators, employees, representatives, and/or other agents, for any injury, 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.

In addition, I release from all liability the aforementioned parties 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 the internship site, or participating in any programs associated with this internship program.

EMPORIA STATE UNIVERSITY AFFIRMATIVE ACTION POLICIES

3D.0106 Harassment: Emporia State University seeks to create an atmosphere that recognizes and protects an environment of acceptance and inclusion for all members of the university community. In addition, Emporia State is committed to creating internship partnerships with agencies that create an environment free from harassment and

discrimination.

See the Emporia State University Policy Manual for assistance, definitions, and all University policies at https://www.emporia.edu/dotAsset/8123ebe3-2c10-4f3c-9cdb-b9e2e61e0d7d.pdf

By signing below, I acknowledge that I am at least 18 years of age and understand and accept all of the above conditions regarding participation in the Internship Program at Emporia State University and will cooperate with the guidelines and procedures of Career Services.

Student Signature	Date _
Printed Name	

*Please return this signed document to your ESU Internship Coordinator/Faculty Supervisor.



Host Organization Experiential Learning Agreement Form

This Agreement is entered into on the	(date: mm/dd/yyyy) between Emporia State University,
(name	e of Host organization) and
(Student Intern's name) for the purpose of expe	riential learning (such as internships, practica, job shadowing,
observations, and other high impact experiences	s). For the purposes of this agreement, the internship site where the high
impact experience takes place is referred to as t	he "Host". The educational institution that will direct the learning

experience and outline the academic requirements is "Emporia State University/ESU". The Student Intern who will complete the experience is referred to as the "Student Intern."

As a Host of a Student Intern, I/we agree to provide the Student Intern with career-related experience and also agree to the following:

- 1. Provide the Student Intern with appropriate orientation and training, a set of expectations, including site location(s), schedule, rate of compensation, Host organization handbook, and harassment and discrimination policies including but not limited to sexual misconduct.
- 2. Provide a safe environment and the equipment necessary for the Student Intern to effectively complete their tasks.
- 3. Train and supervise the Student Intern, including providing an on-site mentor responsible for helping the Student Intern.
- 4. Assign expectations that are career-related and provide consistent and constructive educational feedback to the Student Intern to maximize the learning experience.
- 5. Assist the Student Intern in developing, implementing and achieving specific objectives during the course of the experience that mutually benefit both the Student Intern and the Host organization.
- 6. Monitor Student Intern performance and progress throughout the experience and complete a performance evaluation with the Student Intern at the conclusion of the experience.
- 7. Contact the Student Intern's ESU Internship Coordinator/Faculty Supervisor regarding any changes in the Student Intern's status, and/or termination of the experience, or any issues regarding performance.
- 8. Notify the Student Intern's ESU Internship Coordinator/Faculty Supervisor, ESU Title IX Coordinator and the Student Intern of any discrimination or harassment violation incidents involving the Student Intern. Reports of discrimination, harassment, and other Title IX or general discrimination and harassment inquiries can be submitted to www.emporia.edu/titleix or report@emporia.edu. Other questions can be directed to Ph. 620-341-5518. Depending on the policy violation, reporting may or may not involve each of these parties listed above.
- 9. Comply with all Federal and State regulations.
- 10. This agreement shall prevail over any other agreements with the Host organization for the purpose of this experience.

Furthermore, I/we agree that both Emporia State University and/or the Host organization may remove the Student Intern from an assignment at the request of the University or the Host organization.

Termination

I understand that the Student Intern's opportunity to participate in an internship at the Host is at the discretion of the University and at the ultimate discretion of the Host, and that either the university or Host may, upon written notice to the Student Intern and to the other party, immediately withdraw Student Intern at any time from the internship based upon any criminal or fraudulent activity on the part of the Student Intern, perceived lack of competency on the part of the Student Intern, Student Intern's failure to comply with the rules and policies of the university or the Host, Student Intern's failure to comply with the terms and conditions of this Agreement, or for any other reason for which either the university or the Host reasonably believes it is not in the best interest of the program for the Student Intern to continue.

Emporia State University Harassment and Discrimination Policies

Emporia State University seeks to maintain a campus culture in which embracing diversity, equity, and inclusion is a core value lived by all members of the Emporia State community. Emporia State prohibits all forms of discrimination including all types of harassment, sexual violence, and all other types of violence. As such, Emporia State is committed to creating internship partnerships with agencies that create an environment free from harassment and discrimination.

See the Emporia State University Manual for assistance, definitions, and all University policies at

$\underline{https://www.emporia.edu/dotAsset/8123ebe3-2c10-4f3c-9cdb-b9e2e61e0d7d.pdf}$

ESU Internship Coordinator/Faculty Supervisor Sign	ature:		
Printed Name:	Date:		
Host Organization Representative Signature:			
Printed Name:			
Title of Host Organization Representative:			
Name of Organization:		Date:	

*Student Intern: Please return this signed document to the ESU Internship Coordinator/Faculty Supervisor.

INTERNSHIP AGREEMENT BETWEEN STUDENT & EMPLOYER

Intern Name:			
Title of Internship Position:			
Duration of Internship: Start Date:	F	End Date:	
Hours per V	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 inte	ern will perform and the approximate pe	rcent of time on each duty (fo	rmal job description may
be attached in lieu of this information)):		
Learning Objectives			% Time on Objective
Please list the work experiences that t employment:	he intern will gain from your employm	ent that will make the intern	more marketable for future
Supervisor Signature	INTERNSHIP AGREE BETWEEN STUDENT &		
Academic Advisor:	(a separate form must be completed for	each course taken)	

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

- 1 I reviewed the description of the internship opportunity provided by this student and his/her prospective internship employer.
- 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 intern	ship 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:	
internship. Attach additional pages or	nic requirements of the work experience and the expected learner outcomes of 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	n Service has	s certain rules tha	t I must follow.	I agree to
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- 1 Have a preliminary conversation with the International Student Advisor so that we can review my USCIS work eligibility.
- 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 <u>re-authorized</u> for practical training <u>every</u> semester that I work.
- 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 practical training.	/ have not authorized curricular / optional
Signature:	Date: