

EMPORIA STATE UNIVERSITY

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) _____

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 _____

Course Number _____ Number of Hours _____ Faculty _____

Course Number _____ Number of Hours _____ Faculty _____

Course Number _____ Number of Hours _____ Faculty _____

Course Number _____ Number of Hours _____ Faculty _____

EMPORIA STATE
UNIVERSITY
Office of STUDENT LIFE

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 the Office of Student Life and or my faculty advisor. When complete, return this signed contract, with a copy of the approved job description, including company and supervisor contact information, to the Office of Student Life.

I also agree that:

- 1 I have received a copy of the Office of Student Life 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 the Office of Student Life.

Signature _____

Date _____

Print Name _____

EMPORIA STATE UNIVERSITY

Office of STUDENT LIFE

Internship Agreement Form

This agreement is entered into on the _____ (Date: mm/dd/yyyy)

between Emporia State University and _____ (Host/Organization)

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.”

RESPONSIBILITIES AND EXPECTATIONS

A. STUDENT INTERN RESPONSIBILITIES

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

1. Arrive to the Host site on time and ready to perform professionally.
2. Follow all dress codes, policies, and procedures as designated by the Host and the University.
3. Request permission for all planned time off and notify the Host Supervisor as soon as possible in the event of illness, following the Host’s sick leave protocol.
4. Complete the total number of hours required within the specified time frame and fulfill all internship/program/course requirements in a timely manner.
5. Conduct oneself in a professional, cooperative, and respectful manner while at the Host site.
6. Inform the Host Supervisor and ESU Internship Coordinator/Faculty Supervisor of any changes in the agreement.
7. Maintain regular communication with the ESU Internship Coordinator/Faculty Supervisor and complete all academic requirements, including evaluation forms and enrollment for academic credit, if applicable.
8. Notify and gain approval from the ESU Academic Advisor to participate in the experiential learning experience.

B. HOST ORGANIZATION RESPONSIBILITIES

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

1. Provide appropriate orientation and training, a clear set of expectations including site location(s), schedule, rate of compensation (if applicable), Host organization handbook, and harassment and discrimination policies.
2. Ensure a safe work environment and provide the tools or equipment necessary for the Student Intern to complete assigned tasks effectively.
3. Train and supervise the Student Intern, including assigning an on-site mentor to support the intern

throughout the experience.

4. Assign meaningful, career-related responsibilities and offer consistent and constructive feedback to support the Student Intern's learning.
5. Support the Student Intern in developing and achieving learning objectives that benefit both the intern and the Host organization.
6. Monitor Student Intern performance and complete a final evaluation at the conclusion of the experience.
7. Communicate with the ESU Internship Coordinator/Faculty Supervisor about any changes in the Student Intern's status, concerns, or potential termination.
8. Report any incidents of discrimination or harassment involving the Student Intern to the ESU Internship Coordinator/Faculty Supervisor, the ESU Title IX Coordinator, and the Student Intern. Reports may be submitted to www.emporia.edu/titleix or report@emporia.edu or directed to 620-341-5518. Reporting requirements may vary depending on the nature of the violation.
9. Comply with all Federal and State regulations.
10. Acknowledge that 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.

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 the Student Intern's opportunity to participate in a high impact learning experience 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 (Student Intern Only)

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 HARASSMENT AND DISCRIMINATION

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 Policy Manual for assistance, definitions, and all University policies at <https://www.emporia.edu/about-emporia-state-university/discrimination-harassment-response->

By signing below, all parties affirm that they have read and understood the conditions of this agreement. The Student Intern acknowledges they are at least 18 years of age and agrees to comply with all University and Host policies, including those outlined above. All parties agree to cooperate with the guidelines and procedures of Emporia State University and the office of Student Life.

Student Intern Signature: _____ Date: _____

Printed Name: _____

Host Organization Representative Signature: _____ Date: _____

Printed Name: _____

Title: _____

Organization Name: _____

ESU Internship Coordinator/Faculty Supervisor Signature: _____

Date: _____

Printed Name: _____

***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: _____ 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):

<u>Learning Objectives</u>	<u>% Time on Objective</u>
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Please list the work experiences that the intern will gain from your employment that will make the intern more marketable for future employment:

Supervisor Signature

Date

**INTERNSHIP AGREEMENT
BETWEEN STUDENT & FACULTY**

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

Academic Advisor Name: _____

_____ (Student Name) 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.

EMPORIA STATE UNIVERSITY

Office of STUDENT LIFE

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: _____