



Career Services Internship Agreement Form

Every student participating in an internship (both credit and non-credit experiences) must complete the Internship Agreement Form prior to starting their internship experience. This form should be signed by all actively involved parties and forwarded to the Career Center in order to be recorded as a valid internship experience.

APPLICANT INFORMATION

Full Name: _____ Student ID: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State Zip Code

Cell Phone: _____ E-mail Address: _____

Major: _____ GPA: _____

Expected Graduation Date: _____ Term of Internship: Fall Spring Summer

STUDENT DISCLAIMER AND SIGNATURE

I am in good academic and conduct standing with the College, and give my consent for verification of such. I have met with my Internship Site Supervisor and agree to the terms under which this internship/co-op has been created. I will perform all assigned duties to the best of my ability, satisfactorily meeting all requirements noted in my Position Description, which has been approved by my Site Supervisor and Faculty Advisor.

Should I unjustly fail to meet these requirements, I may be withdrawn from the agreement and forfeit any academic credit.

Student's Signature: _____ Date: _____

INTERNSHIP Description

Internship Start Date: _____ Internship End Date: _____ Total Hours in Internship: _____

Pay Rate (If Applicable): _____

Intern Title: _____

Intern Position Description:



Student Name _____

INTERNSHIP SITE SUPERVISOR

Company Name: _____

Address: _____
Street City State Zip Code

Name of Mentor/Supervisor: _____ Job Title: _____

Phone: _____ E-mail Address: _____

I have collaborated with the student in creating the Position Description so that it meets all individualized academic criteria (where applicable). I will provide supervision of the student throughout the experience, evaluate the student’s performance utilizing the methods provided as requested by the academic department, and will provide the student with the same consideration of health, safety, and working conditions afforded to other full-time employees.

Supervisor’s Signature: _____ **Date:** _____

PROGRAM CHAIR

Full Name: _____ Department: _____

Phone: _____ E-mail Address: _____

Is this experience for credit? Yes No

If yes, Course Number: _____ Credit Hours: _____

I have reviewed the student’s Internship Agreement and Position Description, and acknowledge the student’s participating in an appropriate internship. I have verified that all class enrollment requirements will be met and that upon successful completion of this internship and compliance with all departmental requirements, the academic department will grant academic credit to the student for this experience if it is for credit.

Program Chair Signature: _____ **Date:** _____

IVY TECH CAREER SERVICES

The form is received by the Career Services, is acceptably completed, proper signatures have been completed, and a position description is attached.

Career Service Staff Signature: _____ **Date:** _____