

INTERNSHIP AGREEMENT FORM

Paid

Unpaid

Instructions

Students wishing to participate in an internship for the purpose of fulfilling their academic credit requirements for a Practicum/Seminar course must have an Internship Agreement Form on file with the Internships Office. To be considered for approval, this form must be completely filled out, typed, and include all electronic signatures from all parties.

**Step 1:** Student identifies an internship opportunity they wish to participate in prior to completing this form.

**Step 2:** Student completes the student information sections and provides an electronic signature.

**Step 3:** Internship Supervisor/Mentor completes the internship information sections and provides an electronic signature.

**Step 4:** Return completed forms via email or in person for approval.

Have questions?

Send Kristin Garner, Internship Coordinator, an email at [intern@csc.edu](mailto:intern@csc.edu).

STUDENT INFORMATION

(To be completed by the Student)

Date of Application:

Internship Semester / Year:

Name:

Cougar ID:

Student Email:

Phone:

Program / Major:

Anticipated Graduation Semester / Year:

How Did You Obtain Your Internship?

- College Provided Job Lead
- Recruiting Agency:
- Friend / Family Provided Job Lead
- Current Employer
- Online Job Board/Search
- Other:

Student Disclaimer and Signature:

- ✓ I certify that my answers are true and complete to the best of my knowledge.
- ✓ I understand and agree to the responsibilities expected of me during the internship. I will adhere to the agreed upon work schedule and provide my employer with high quality work performance. I am aware of the compensation arrangement that has been made for the work I will be completing; that this is a learning experience and that I am not entitled to a job upon the completion of the work experience.
- ✓ In consideration of being permitted to participate in a practicum at the company listed herein, myself, heirs, administrators, and assigns forever discharge Columbus State Community College, the employees thereof, and the State of Ohio, from any and all actions, causes of action, claims, charges demands, complaints, damages, injuries, costs, loss of services, expenses, and compensation on account of or arising while in, on, en route, to or from said practicum.

Student Signature:

Date:

## INTERNSHIP AND EMPLOYER INFORMATION

(To be completed by Supervisor/Mentor)

**Company Name:**

**Company Address (Street, City, State, and Zip):**

**Supervisor Name:**

**Supervisor Title:**

**Supervisor Email:**

**Supervisor Phone:**

**Internship Position / Title:**

**Department:**

**Hours Per Week:**

**Hourly Rate/Salary:**

**Start Date:**

**End Date:**

**On-Site or Virtual:**

**If On-Site, Enter Days / Hours On-Site:**

### Job Responsibilities:

Please provide all academic degree-aligned internship job duties, highlighting the components that are specific to the academic major. Please be as descriptive as possible; a few words will not suffice. Include computer hardware, software programs, computer languages and/or systems, etc. that may apply.

**Note regarding students wishing to use their current employer:** Internship job duties must fall outside of the student's normal day-to-day job duties and should be connected to work experience that aligns with their academic major. (*i.e. new or expanded responsibilities, shadowing or working in a different department, taking on a special project, etc.*)

1.

2.

3.

4.

### Supervisor/Mentor Disclaimer and Signature

- ✓ *I certify that my answers are true and complete to the best of my knowledge.*
- ✓ *I agree to supervise this student and provide ongoing instruction throughout this formal training experience.*
- ✓ *I agree to remain consistent to the internship description, monitor the intern's performance and return the mentor evaluation to the course instructor at the end of the semester.*
- ✓ *I attest the employing organization adheres to an equal opportunity employment policy and does not discriminate against potential candidates.*
- ✓ *In the case of an unpaid internship: I attest that the intern is not replacing a regular permanent employee. The working arrangement is an agreement between the company and student. Please review the Department of Labor guidance on unpaid internships.*

**Employer / Mentor Signature:**

**Date:**

**FOR INTERNAL OFFICE USE ONLY**

**Academic Approval Signature:**

**Date:**