

Internship Acceptance and Education Agreement Form

UW-Stevens Point, College of Natural Resources

Part 1: To be Completed by Student Intern

Student Information

Full Name (please print) _____ Student ID Number _____

Phone Number(s) _____

E-mail _____

Organization Information

Name of Organization _____

Address _____

Supervisor's Name _____ Supervisor's E-Mail _____

Supervisor's Phone Number(s) _____

Acceptance & Agreement

I understand an internship provides a special educational experience between a cooperating business or organization (hereafter called the ORGANIZATION) and the College of Natural Resources, University of Wisconsin-Stevens Point (hereafter called the COLLEGE) and myself, as the student intern (hereafter called the STUDENT) who, at the time of this agreement, is pursuing a degree at the University of Wisconsin-Stevens Point.

I agree to register for the appropriate credits of my internship through the University. I also understand that it is my professional duty to fulfill the requirements of this position and to perform at my best potential. I realize that if I forfeit this position without prior consultation with my Intern Coordinator and Intern Director, I will be ineligible for future intern positions and this will be reflected in recommendation letters from CNR faculty members. I am aware that if there are changes in the duration and days off in this position, it is my responsibility to notify my Intern Coordinator or Intern Director.

- I understand that I am to finish whatever work is considered necessary by the Organization and College in order to complete the internship.
- The summer portion of my internship program will be begin on/about **but not before** _____ (date) and terminate on/about **but no later than** _____ (date).
- I will be paid at the rate of \$ _____ per (list term _____ hour/week/month, etc.)
OR
This is a volunteer internship (check here) .
- I will work approximately _____ hours per week (not to exceed 40 hours/week if paid through UWSP) and volunteer to complete additional learning experiences without compensation.
- Upon completion of my internship program, including reports and/or additional requirements listed with the Intern Coordinator, the College will award me the credits as noted in Part 2 of this form.
- I realize that any income may affect my future financial aid eligibility, including income from this internship. If I'm currently receiving financial aid, I will check with the UW-Stevens Point Financial Aid Office, Room 106, Student Services Center, for specifics in my case.

On-Campus Fee Waiver (for interns working 50 or more miles away from campus in the summer)

By checking this box, I certify that during my internship I will be taking academic credits, I will be stationed 50 or more miles from campus, and I will not be using any campus facilities during that time. I request that my on-campus fees be waived for Summer 2018. **Students attending Summer Field Experience the same summer as their internships are not eligible for the campus fee waiver. In order to be considered for a campus fee waiver, this Internship Agreement Form must be completed correctly, signed by all parties involved, and given to Sharon Reichert in the CNR Administrative Office, TNR 100, by 3:00 pm on Monday, April 30, 2018. Waiver requests received after the deadline will not be considered-NO exceptions.**



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Part 1: To be Completed by Student Intern (continued)

I certify that all the information in Part 1 of this form is true and complete to the best of my ability.

Student Signature

Date

Part 2: To be Completed by Intern Coordinator

Intern Coordinator Name _____

Type of Internship (select one)

- Non-Contract Internship (student paid directly by organization) **PREFERRED METHOD**
- Contract Internship (student paid through UWSP; organization invoiced). Additional paperwork required.
- Volunteer

Internship Credits

Discipline and Course Number _____

Credits per Term (for each term, fill in no. of credits and indicate whether writing emphasis or not)

No. of Credits to be Awarded in Summer _____

No. of Credits to be Awarded in Fall _____

No. of Credits to be Awarded in Winterim _____

No. of Credits to be Awarded in Spring _____

Total Credits to be Awarded for Internship _____

I approve of this student internship and believe the information in Parts 1 and 2 of this form to be correct.

Intern Coordinator Signature

Date

Part 3: To be Completed by Intern Director

Internship Approved by:

Intern Director Signature

Date