

Student Internship Request Form

First Name _____ Last Name _____

Company's Name _____

Internship Site Address _____

Internship Site Supervisor:

First Name _____ Last Name _____ Department _____

Supervisor Email Address _____ Phone: _____

Term: Fall 2017 – 3 credits _____ Fall 2017 – 0 credits _____

Start Date _____ End Date _____

Hours Per Week _____ Total Number of Expected Hours _____

Student Internship Learning Objectives

During this internship, I would like to learn:

- 1.
- 2.
- 3.

Student Signature _____ Date _____

Internship Site Supervisor Signature _____ Date _____

*Provost's Office approves student to be registered for course # _____

Completed forms submitted to Registrar on _____

Scheduled in CAMS on _____ by _____

Student Intern Rights and Responsibilities

I understand that some employers may require a background check, credit check, and/or drug screening.
(Initial here: _____)

I understand that I am not guaranteed a job upon completion of the internship. (Initial here: _____)

I understand that internships can be paid or unpaid. As an intern, I understand the employment situation that I am entering and am clear on the compensation terms (including no compensation) of my identified internship experience. (Initial here: _____)

I understand that participating in an internship program may involve risks that do not exist on campus. I hereby release from liability Florida Polytechnic University, the Board of Trustees, the Board of Governors, the State of Florida, and their employees, officers and agents and hold harmless from any and all claims, including attorney fees, and causes of action which might be brought by me or my parents or heirs and assigns for loss of property, personal injury, death, or acts of God sustained by me arising out of any activity conducted with the participating employer. I also understand that Florida Polytechnic University does not provide insurance coverage for personal property damage, bodily injury or professional liability covering participants in an internship. (Initial here: _____)

I recognize that there may be unavoidable and unforeseeable risks involved in participation in any internship program. I further agree that participation in any activity will be at my own discretion and judgment. I voluntarily assume the risk of injury or harm to my person or property or the persons or property of my accompanying dependents or companions during my participation in this internship program. I understand that Florida Polytechnic University is not responsible for the acts or omissions of any third party. (Initial here: _____)

The Role and Responsibilities of the Student Intern:

I understand that I represent myself and Florida Polytechnic University while participating in an internship. I am expected to conduct myself in a manner reflecting good citizenship and courtesy both on and off campus. I understand that I remain subject to university regulations and conduct codes while an intern. Any misconduct reflects back on me, on my educational career and on Florida Polytechnic University.

I understand that information regarding personnel, clients, patients, and events or occurrences at the internship site is strictly confidential. Disclosure of such information is a serious breach of confidentiality. Any breach in confidentiality may result in dismissal.

I will dress professionally for the interview and appropriately for the internship. All interns must maintain normal standards of cleanliness and neatness in appearance.

I will avoid unnecessary absences, be prompt, complete assignments carefully and accurately, comply with workplace regulations, work cooperatively with coS workers and take initiative.

I will inform my Faculty Advisor and the Internship Coordinator of issues that arise affecting the status of my internship and progress during my internship including promotions or duty changes.

I will complete and turn in the Internship Learning Objectives provided on the Student Internship Request Form to the Registrar's Office with this Agreement.

Your signature indicates that you understand and agree to the Student Intern Rights and Responsibilities as stated above.

Student Name (Print): _____ Date _____

Student Signature: _____