SOUTHWESTERN UNIVERSITY

ACADEMIC INTERNSHIPS:
STUDENT AGREEMENT AND RELEASE

STUDENTS MUST SUBMIT THIS COMPLETED FORM TO THE INTERNSHIP COORDINATOR PRIOR TO STARTING AN INTERNSHIP AND BY THE LAST DAY TO ADD ACADEMIC INTERNSHIPS FOR THE RELEVANT SEMESTER OR FOR SUMMER.

THIS IS A RELEASE. PLEASE READ CAREFULLY.

I, _____, ID#_____ am a student at Southwestern University

and plan to undertake an internship during F 20 ____ SP 20____ S 20____ at the following location:

_____ _____
(Internship site) (City/State/Country)

Southwestern University itself does not control the way in which this educational opportunity is structured or operates. In granting credit for an internship, the University affirms that, to the best of its judgment, the experience is an appropriate curricular option for students in a liberal arts program of study and worthy of Southwestern University credit but makes no other assurances, expressed or implied, about any travel and living arrangements the student has made.

Southwestern University does not knowingly approve internship opportunities which pose undue risks to their participants. However, any internship or travel carries with it potential hazards which are beyond the control of the college and its agents or employees.

INSURANCE COVERAGE:

I have sufficient health, accident, disability and hospitalization insurance to cover me during my internship; I further understand that I am responsible for the costs of such insurance and for any expenses not covered by this insurance, and I recognize that Southwestern University does not have an obligation to provide me with such insurance.

I assume full responsibility for any undisclosed physical or emotional problems that might impair my ability to complete the experience, and I release Southwestern University from any liability for injury to myself or damage to or loss of my possessions. Some internships may require liability insurance depending on the specific site.

PERSONAL CONDUCT:

I understand that the responsibilities and circumstances of an off-campus internship may require a standard of decorum which may go beyond the code of conduct of Southwestern University, and I indicate my willingness to understand and conform to the professional, social, and cultural standards of the internship site. I further understand that my conduct and performance may determine whether future internships are available. I agree that I will conduct myself so as not to compromise Southwestern University in the eyes of individuals and organizations with which it has dealings, and I acknowledge the Internship Coordinator's responsibility for setting rules and interpreting conduct for this purpose. I agree that should the Internship Coordinator decide that I must be terminated from my internship because of conduct that might bring the program into disrepute or the internship site into jeopardy, that decision will be final and may result in the loss of academic credit.

GENERAL RELEASE:

I understand that Southwestern University reserves the right to make cancellations or changes in cases of emergency or in the general interest of the internship program.

It is further expressly agreed that the internship site and use of any and all of its facilities shall be undertaken by me at my own sole risk and that Southwestern University shall not be liable for any claims, demands, injuries, damages, actions, or causes of actions, whatsoever to me or property arising out of or connected with the internship and with the use of any services, or facilities associated with the internship, whether or not sponsored by Southwestern University; and I do hereby expressly forever release and discharge Southwestern University from any claims, demands, injuries, damages, actions, or causes of action, arising from or related to any acts of active or passive negligence on the part of Southwestern University and/or its officers, employees, or agents.

DATE:_____

Student Signature:_____

Date of Birth: _____Age:_____

Parent/Guardian Signature:_____
(If student is under the age of 18 at time of internship)

SAMPLE

INTERNSHIP LEARNING CONTRACT

This Learning Contract must be completed and returned to the Internship Coordinator by the last day to add courses for the fall or spring semesters or by the LAST CLASS DAY of the spring semester for summer internships. An original signature by the Site Supervisor may be waived by permission of the faculty supervisor. An Add card must also be returned to the Registrar if the student had not previously pre-registered for the internship course.

The faculty supervisor and the student jointly draft the learning contract and are expected to stay in regular contact during the internship for guidance and evaluation.

PLEASE PRINT OR TYPE

Student Name_____Email_____ ID#_____

Box or Address_____ Phone_____

Class Level: FY ☐ SO ☐ JR ☐ SR ☐ Graduation Year 20 __ __ Major/Minor_____/_____

Number of credit hours_____ Department/Course Number_____-_____ Pass/D/Fail? ☐ Letter Grade? ☐

Internship to be undertaken during: Fall 20_____ Spring 20_____ Summer 20_____ For CAPSTONE?: YES NO

Estimated Hours per Week:_____ Paid:_____ Unpaid:_____

Start Date _____/_____/_____ End Date _____/_____/_____

Name of Internship Site:_____

Address_____

Phone_____ Fax_____

SAMPLE

- LEARNING OBJECTIVES (1-3 briefly stated goals for the internship experience):

- METHODS OF EVALUATION (e.g. progress reports, journal, papers, group meetings, etc. and contribution to grade):

(over)

STUDENT: I concur with all the components of this learning contract, and agree to carry out the objectives, strategies, and methods of the contract promptly and to the best of my ability.

I also understand that academic internships require me to be registered for the course during the semester the internship is to be completed. I further understand that I am responsible for the designated tuition and fees associated with course enrollment for an academic internship.

Student Signature_____ Date_____

FACULTY SUPERVISOR: I concur with all components of this learning contract. In my judgment, the student is adequately prepared to meet the terms of the contract and has satisfied all departmental guidelines and prerequisites necessary to obtain an academic internship. I agree to work with the student to ensure that objectives, strategies and methods of the internship are carried out.

Faculty Supervisor_____
Print Name

Faculty Supervisor Signature_____ Date_____

ACADEMIC ADVISOR: I concur with all components of this learning contract. I have advised the student of degree requirements and the appropriateness of this academic internship to the student's degree program.

Academic Advisor_____
Print Name

Academic Advisor Signature_____ Date_____

DEPARTMENT CHAIR: I approve of this student to complete an academic internship within the department.

Department Chair_____
Print Name

Department Chair Signature_____ Date_____

SITE SUPERVISOR: I have read this learning contract, and attest that its components meet the standards and expectations for an internship with my organization/company. I agree to conduct an evaluation of the student and to participate in a site visitation if requested.

Site Supervisor Name (Print)_____ Title_____

Email_____ Phone_____

Site Supervisor Signature_____ Date_____

Southwestern University Internship Coordinator Signature _____Date_____

FOR OFFICE USE ONLY:

Date Received:_____/_____/_____

Fax to site for sig:____/_____/_____

Received from site:____/_____/____

____ Original-Registrar ____ Copy-Site Supvr.
____ Copy-Fac. Supvr. ____ Copy-Student
____ Copy-Aca. Advr. ____ Copy-Intern. Spec.
____ Copy-Dept. Chr.

Completed paperwork sent:_____

Form updated 4/08

SAMPLE