## INTERNSHIP CONTRACT EXAMPLE

| By way of the agreement, |                          | agrees to accept         |
|--------------------------|--------------------------|--------------------------|
|                          | (Name of Company/Agency) |                          |
|                          |                          | in an internship program |
| (Name of Student Intern) |                          |                          |

By signing this agreement, the student acknowledges that he/she is aware of his/her responsibilities and the commitment being made by the company/agency.

- 1. HOUR REQUIREMENTS:
  - 1 HOUR OF ACADEMIC CREDIT = 50 HOURS OF INTERNSHIP WORK
  - 2 HOURS OF ACADEMIC CREDIT = 100 HOURS OF INTERNSHIP WORK
  - 3 HOURS OF ACADEMIC CREDIT = 150 HOURS OF INTERNSHIP WORK
- 2. The work assigned to the student is at the discretion of the employer. Specific goals should be discussed and agreed upon prior to the start of the internship. This internship should relate to the student's academic background and offer opportunities to use the student's skills. When agreeing to host a Lindenwood intern, the internship employer understands and agrees that the University claims no liability for the actions of the student during his/her internship.
- 3. Failure to report at a scheduled time and location (unless previously agreed upon) constitutes grounds for immediate termination of the internship contract and student.
- 4. A professor may be in contact with the individual supervising the internship during the semester.
- 5. Communication of any existing or arising problems regarding the internship should be reported by the company/agency to the professor.
- 6. The student and employer understand and agree that Lindenwood University assumes no liability with respect to the student's duties in the internship. The student and employer agree that if the student is injured during the course of the internship, the student will not seek compensation for such injury from the university, irrespective of whether or not the student is considered a volunteer or an employee of the company/agency.
- 7. This agreement in no way implies that the company/agency is obligated to pay the student intern for services rendered as part of the internship experience. If the organization wishes to pay the student for internship services, it is entirely at the option of the organization.
- 8. The student is responsible for providing weekly updates to his/her professor of progress made toward the goals and responsibilities established by the company/agency as described on page 5 of the contract under "Job Description".
- 9. During the internship the student is responsible for providing his/her professor with regular communication pertaining to the internship which describes goals, responsibilities, and performance attained during the internship experience. Self-assessments should describe how the internship experience has complemented and contributed to the student's academic experience. Additional assignments, including students and employer evaluations may also be required. Students must check the University's Learning Management System for all required assignments.



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| This form is to be completed by the internship supervisor.                                   |  |
|--|--|
| Student agrees to work an average of hours/week  | from (a.m. / p.m.) to (a.m. / p.m.)          |
| on the following day:  | <del>·</del>                                 |
| The beginning date for the internship will be (MM/DD/YY)                                     |  |
| The ending date for the internship will be (MM/DD/YY)  | ·  |
| Will the student be compensated? Yes / No.   |  |
| If "Yes", how will the student be compensated? Rate:   | / (Hourly / Bi-Weekly / Monthly)             |
| Job Description: Please identify specific goals of this position company/agency may require. | ion, and list any responsibilities that your |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| Name and Title of Supervisor   |  |
| Name of Company/Agency   |  |
| Address  | Phone Number                                 |
|  | Email  |
|  |  |
| (Employer Signature/Date)  | (Student Signature/Date)                     |
| Please complete and return to:   |  |
| , Career Strategist Lindenwood University  |  |
| 209 South Kingshighway<br>St. Charles, Missouri 63301  |  |

