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.
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: _______________________________________________________________________________.

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, and list any responsibilities that your company/agency may require.

_____________________________________________________________________________________________

_____________________________________________________________________________________________

_____________________________________________________________________________________________

_____________________________________________________________________________________________

_____________________________________________________________________________________________

_____________________________________________________________________________________________

_____________________________________________________________________________________________

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
St. Charles, Missouri 63301