



## DAY Internship Learning Agreement

*(Return this form to Faculty Instructor)*

### DAY: Internship Learning Agreement

This Internship Learning Agreement is an agreement amongst the Internship Site Supervisor, student and Internship Faculty Instructor for a learning experience that will lead to academic credit. This agreement must be completed and signed in order for the student to receive required or elective internship credit at Fisher College.

#### Internship Course Information:

Course enrolled in (*NOT IS220*): \_\_\_\_\_

Hour requirement (120 hours per 3-credits earned): \_\_\_\_\_

#### Student Information:

Name: \_\_\_\_\_

Fisher Email: \_\_\_\_\_

Your internship/job title at the internship \_\_\_\_\_

#### Internship Information:

Name of Organization: \_\_\_\_\_

Site Supervisor:

Name: \_\_\_\_\_

Title and Department: \_\_\_\_\_

Work Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Will this be a paid or unpaid experience? \_\_\_\_\_

Briefly describe expected duties:

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Start Date: \_\_\_\_\_

End Date: \_\_\_\_\_



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### Signatures

#### **Student Intern**

Your signature indicates that you have read and will abide by the following internship policies and expectations:

- Must complete a minimum of 120 hours per 3 credit hours. See page 1 for hour requirements agreed upon.
- Must abide by the policies and procedures of the organization in which you are interning.
- Must fulfill requirements of internship syllabus.
- Must complete final evaluation and return to Career Services at the end of semester.
- You acknowledge and agree that internships or travel carries with it potential hazards which are beyond the control of the College and its agents or employers.

**I understand and agree to the expectations listed above.**

Student Name: \_\_\_\_\_

Student Signature: \_\_\_\_\_

#### **Site Supervisor**

Your signature indicates that you have agreed to sponsor a Fisher College internship and will abide by the following policies and procedures:

- Must provide 120-hours of relevant experience before the end of semester for each 3 academic credits. See page 1 for hour requirements.
- Will abide by all applicable state and federal laws under the Fair Labor Standards Act (FLSA).
- As the site supervisor, you will provide or arrange for professional development feedback when possible/appropriate.
- Complete a student performance evaluation and return to Career Services upon completion of internship.

**I understand and agree to the expectations listed above.**

Site Supervisor Name: \_\_\_\_\_

Site Supervisor Signature: \_\_\_\_\_

#### **Faculty Instructor**

Your signature indicates that you have agreed to supervise a Fisher College intern and will abide by the following policies and expectations:

- Review the job description and confirm that it provides experience relevant to the student's major and abides by the Fair Labor Standards Act (FLSA), as outlined in Internship Packet.
- Have met with the student, reviewed the job description and approved the internship.
- Will supervise and mentor student for the duration of the internship.

**I understand and agree to the expectations listed above.**

Faculty Instructor Name: \_\_\_\_\_

Faculty Instructor Signature: \_\_\_\_\_



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### Internship Liability Acknowledgement

I agree that I am 18 years of age or older and am completing an internship as a student at Fisher College in exchange for academic credit.

I acknowledge that, within the scope of my activities during my time as a student intern, I may be exposed to hazards or risks at my internship site. I understand and acknowledge that Fisher College is not an insurer of my personal safety or property. I acknowledge that Fisher College will not be responsible for any medical costs associated with any injury I may sustain on site or during travel to and from my internship. I also understand that I should and am encouraged by Fisher College to obtain adequate health and accident insurance to cover any personal injury to myself or my property.

In signing this release, I acknowledge that I have read the foregoing information, understand it, and sign it voluntarily.

\_\_\_\_\_  
*(Student Name)*

\_\_\_\_\_  
*(Student Signature)*

\_\_\_\_\_  
*(Date)*