



Intern _____ Major _____ Date _____
(please print)

Employer/Supervisor _____
(please print)

Address _____ City/State/Zip _____

Phone _____ Fax _____ E-mail _____

Intern's immediate supervisor _____ Work period _____ to _____
(please print)

Hours per week _____ Rate per hour _____

Please read the below *RESPONSIBILITIES* prior to signing the Training Agreement

Student: Adhere to all employer policies and *Student Responsibilities* booklet; make every effort to complete Learning Objectives during work period; notify employer and Faculty Coordinator of any illness or emergency that interferes with completion of program; and contact Faculty Coordinator prior to terminating program/placement.

Employer: Provide varied work experience and training opportunities as described below under Learning Objectives and in the *Employer Guidelines* booklet; and assist the College in evaluating the performance of the student; provide a safe and healthful working environment and meet with student and College representative as needed; provide the number of work hours needed per credit. **Please contact the Faculty Coordinator if you have any questions or concerns.**

College: Provide the student with instruction in job related skills prior to placement; meet with the employer to review the Learning Objectives; periodically visit the student at the Internship site where geographic location permits; grant credit for completion of successful work period.

Employer/Supervisor _____ Student _____
(signature) (signature)

College Representative/Faculty Coordinator _____
(signature)

Affirmative Action Statement

_____ hereby affirms it is an equal opportunity employer, offering employment without regard to race, color, religion, sex, national origin or age and provides Equal Employment Opportunity to handicapped individuals, disabled veterans, and veterans of the Vietnam era.

Name _____ Title _____ Date _____
(signature)

****This original signed agreement is to be returned to the school office.***

