



# INTERN AGREEMENT FORM

## Items of Importance

1. Financial Aid Recipients: Consult the office of financial aid to determine if and/or how your award will be affected by internship registration.
2. It is recommended to all students participating in an internship to select to pay the fee for use of Student Legal Services.

### STUDENT INFORMATION

Internship Term 2014:  Fall  Spring  Summer
 Student Status:  Sophomore  Junior  Senior  
 Masters  Ph. D.  
 Student UID# \_\_\_\_\_  
 First Name \_\_\_\_\_ Middle Int \_\_\_\_\_ Current GPA \_\_\_\_\_  
 Last Name \_\_\_\_\_ Major \_\_\_\_\_  
 Phone # \_\_\_\_\_ Expected Grad Date \_\_\_\_\_  
 E-Mail \_\_\_\_\_ Work Status  U.S. Citizen  Perm U.S. Resident  
 F-1 or J-1 Student Visa

### EMPLOYER INFORMATION

Company Name \_\_\_\_\_ Supervisor \_\_\_\_\_  
 Address \_\_\_\_\_ Title/Position \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Phone # \_\_\_\_\_  
 E-Mail \_\_\_\_\_

### POSITION INFORMATION

Position Title \_\_\_\_\_ Work Hours (Per Week) \_\_\_\_\_  
 Start Date \_\_\_\_\_ End Date \_\_\_\_\_ Wage \$  Hourly  Monthly  
 How did you learn about this internship? \_\_\_\_\_ Is this your first internship position?  Yes  No

### POSITION DUTIES AND RESPONSIBILITIES

(Highlight tasks and work activities or attach offer letter from the employer to this form)

### STUDENT

- I **understand** that I will receive documentation on my transcript for the Intern course. To pass the course, I will need to complete the requirements as documented on the syllabus.
- I **agree** to inform WSU CECS in a prompt manner of any changes to my internship status, job duties, work hours, or anything that would alter this Agreement or would impede me in successfully completing the WSU-CECS Internship Program. I understand that failure to do so may prohibit future participation on an internship the following semester.
- I **agree** to inform WSU CECS of any personal problems during my internship that would impede me from completing my internship and/or cause.
- I **agree** to follow my employer's job conduct rules, policies, procedures and agree to perform work assignments in a professional manner.
- I **agree** to complete all assignments of my internship course.
- I **agree** to schedule an exit interview with BCDC staff prior to the end of the semester, at which time I will provide an employer performance evaluation.

Name (Printed) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_