

MARQUETTE UNIVERSITY  
Department of Social and Cultural Sciences

## Student Internship Agreement

Major: \_\_\_\_\_

Directions: The student's address, telephone number, and email address should be correct for the term the student is doing the internship. This agreement must be signed by the student, the internship provider, and the faculty internship coordinator

Course:		Credit Hours:	
Student's Name:		Student's ID and/or SS#:	
Student's Address:		Phone:	Email:
City:	State:	Zip	
Internship Provider or Agency:			
Provider's Address			
City:	State:	Zip:	
Immediate Supervisor	Phone:	Email	

### Agreement

***THE STUDENT AGREES TO:***

- Fulfil his/her agreement to report to work on the assigned days and hours
- Perform all assigned tasks to the best of his/her ability
- Be available for consultation with the faculty internship coordinator

***THE INTERNSHIP PROVIDER AGREES TO:***

- Provide the intern with the practical work experience of professional relevance.
- Provide a variety of work experiences to the student
- Be willing to provide a mutually agreed time for the faculty internship coordinator to meet with the student intern and the internship provider
- Discuss with the faculty internship coordinator any misunderstandings, problems, or termination of the internship before taking action
- Assist the faculty intern coordinator in assessing the student intern's performance by completing an evaluation form

***THE FACULTY INTERNSHIP COORDINATOR AGREES TO:***

