STUDENT INTERNSHIP AGREEMENT FOR ACADEMIC CREDIT [2-19-13]

I. TO THE STUDENT (Please read, complete this section, sign at the end of form and assure all sections are completed and turned into the Registrar prior to the start of your internship.)

Student _______________________________________________ Class Year _____

Major(s) _______________________________________________

Phone #s where you can be reached ___________________ Email Address ___________________

| For Credit – Complete this form and submit a copy to the Registrar with all required signatures prior to registering for the course (fax: 610-921-7258 or scan and email: dballaban@alb.edu). Registration for internships is subject to the same deadlines as for other Albright classes. |
| Academic Dept Granting Credit ___________________________ 282 Introductory |
| Supervising Professor ________________________________ 382 Intermediate |
| Semester and Year ________________________________ 482 Advanced |
| This course will count toward ___ major ___ minor ___ open electives |
| Does your Department require this Internship to be taken Q/NQ? ___ Y ___ N |

Albright College seeks to provide interested students with experiential learning opportunities that complement their academic preparation with direct practical experience that leads to intentional, reflective learning. Such opportunities are well recognized as having a positive impact on students’ academic, personal, and career growth. Organizations sponsoring Albright interns provide an invaluable service to students’ development by offering this work-learning opportunity. Albright grants academic credit for this internship experience in the belief that it is an appropriate curricular option for students in a liberal arts program of study; however, the College makes no other assurances about the experience, the site, or the arrangements that the student may make in connection with this opportunity.

**Student Responsibilities** – As a student seeking credit for an internship experience, I agree to:
- Complete the Student Internship Agreement for Academic Credit and have both my Internship Site Supervisor and the Supervising Professor complete their designated sections and submit it to the Registrar by the appropriate deadline.
- Conduct my own due diligence with regard to a particular internship site and working conditions.
- Perform to the best of my ability those tasks assigned by my site internship supervisor which are related to my learning objectives and to the responsibilities of the position.
- Follow all the rules, regulations and normal requirements of this placement’s organization.
• Fulfill the academic learning objectives required by the Department and/or my supervising professor.
• Notify the Experiential Learning and Career Development Center and my supervising professor of any changes I need to make to this agreement or any problems that may develop during the on-the-job experience.
• Maintain sufficient health, accident, and hospitalization insurance to cover me during my Internship at my sole expense.
• Maintain insurance on my personal vehicle if used for the benefit of the internship site. Any liability for injury or property damage resulting from this use is solely on my personal vehicle insurance coverage and/or any insurance coverage provided by the internship site.
• Be responsible for any collection of wages due or any taxes resulting from any payments that may occur.
• Be responsible for any injury I may suffer in the course of my Internship except for those resulting from the internship site’s negligence or Albright’s intentional misconduct or gross negligence.
• Understand and comply with the professional standards and decorum of the internship site.
• Observe standards of conduct that will not compromise Albright College in the eyes of individuals and organizations and will promote the continuance of future Internships for Albright students.

Albright does not knowingly approve internship opportunities which pose undue risk to participants nor does the College conduct reviews of internship facilities, but any internship or travel carries potential hazards which are beyond the control of the College and its agents and employees. I understand that the College, its governing board, employees or agents do not exercise any control over and are not responsible for the conditions of my working environment at the Internship. I also understand that Albright and its faculty reserve the right to make cancellations, changes or substitutions regarding my internship in cases of emergency or changed conditions or in the general interest of its Internship Program.

I acknowledge that I have read, understand and will abide by the terms and conditions above.

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<th>Signature of Student</th>
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If student is under 18 years of age:

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<th>Signature of Parent or Legal Guardian</th>
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II. TO THE SUPERVISING PROFESSOR
(Please read this section, sign at the end of form and return to student intern.)

Professor contacts: Phone __________________________ Email __________________________

Supervising Professor Responsibilities

• Work with the student to formulate concise, clear goals and learning objectives for the Internship and specify the minimum number of hours expected (standard number of hours to receive credit are 130 – 150).
• Submit a syllabus with this and other course information to the Registrar prior to the start date of the Internship and ensure that the student has a copy and understands expectations. Academic criteria for credit depend on the professor’s judgment but should conform to departmental internship guidelines, if any.
• Contact the student during the Internship to provide guidance and support.
• Contact the site internship supervisor at least once during the semester to discuss the student’s performance and the applicability of theory to the field experience.
• Assess the student’s learning based upon the internship site supervisor’s evaluation and the completed activities required by the department such as: specified hours at the site, journal entries, meetings with the site internship supervisor, final paper or other visible product, and/or public oral presentation.
• Remain available to assist the student with any problems arising during the course of the Internship.

I acknowledge that I have read, understand and will follow the faculty supervisor responsibilities described above.

Signature of Supervising Professor ______________________________________________________

Print Name _______________________________ Date __________________________

Please return completed form to the student.
III. TO THE SITE INTERNSHIP SUPERVISOR

(Please read and complete this section, sign at the end of form and return to student intern.)

Company Name ____________________________________________________________

Address __________________________________________________________________

Site Internship Supervisor Contact Information: _______ Dr _______ Ms. _______ Mr.

Name _______________________________ Title _________________________________

Phone ____________________ Fax ____________________ Email ____________________

This organization is ___ for profit ___ nonprofit ___ governmental ___ educational

Internship Information:
Internship Position Description (use back of form if needed and/or attach a position description)

__________________________________________________________________________

__________________________________________________________________________

Site Internship Supervisor Responsibilities
Albright College appreciates your participation in our Internship Program. Your role is integral to the student's internship experience and success. As a site internship supervisor for this Internship, you agree to:

- Provide a job description to be used by the supervising professor and the student intern to determine the appropriateness of the Internship.
- Clearly discuss the responsibilities and parameters of the Internship with the student Intern.
- Work with the student intern to develop on-site goals and learning objectives that are consistent with the goals set by the supervising professor.
- Provide the student intern with adequate information and instruction for safe, effective functioning in the workplace.
- Provide ongoing supervision and feedback to the student intern about his/her performance.
- Be available to talk with the supervising professor and/or meet during a site visit.
- Notify the supervising professor as soon as possible of any problems that arise regarding the student intern or any changes in the student intern’s work status, schedule or performance.
- Provide a candid written evaluation of the student intern’s performance and attitude during the internship so that the supervising professor can evaluate both field and academic components of the student Intern’s work.
- Provide a safe working environment that complies with any applicable employment laws, regulations or ordinances.
- Assume liability for the student's classification as an intern (not an employee).
- Provide Workers’ Compensation Insurance coverage for the student intern or otherwise assume liability for work-related injuries sustained by the student intern at the internship site.

I have read, understand and will abide by the site internship responsibilities described above.

Signature of Site Internship Supervisor ___________________________ Date __________

Print Name ________________________________________________________________

Please return completed form to your student intern.

For Experiential Learning Center Only

Date received in Center from Registrar ________________________________

Date entered into database ________________________________