INTERNSHIP AGREEMENT & REGISTRATION FORM

Please complete form, secure approval of student, faculty supervisor, dean, and site supervisor

Last name:	First name: Cel	l phone:		
Student ID #:	E-mail:	@indianatech.net		
Current GPA: Numl	er of academic hours completed: 0	6-12 13-19 20+		
Major: Concentration/Minor (if applicable):				
International Student? YES NO	_(International students will require CPT w	vork authorization)		
Internship Course Registration				
Internship course number: Faculty Supervisor/Mentor: (please print)				
Academic term (semester/year): / Start Date: End Date: *Note: Credit-bearing internships must start and end in the term of registration. End Date:				
Internship credits: 1				
Employment Site Information				
Company name:	City & State:			
Site Supervisor:	Site Supervisor phone:			
Site Supervisor email:	Title:			
-	Employment duration (# weeks):			
Expected work hours per week:	Internship pay rate: \$	per (check if unpaid)		
Expected work hours per week:	Internship pay rate: \$ Responsibilities and Outcomes	per (check if unpaid)		
Job title and job description (required)	Responsibilities and Outcomes Academic learni	ng objectives / project / deliverable(s)		
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Student agrees to:

- 1. Follow through with all academic and professional commitments included in this internship agreement.
- 2. Report any changes that affect fulfillment of student's responsibilities to employer or course.
- 3. Maintain frequent contact with faculty supervisor and satisfy all the requirements within stated deadlines.

4. Authorize course registration and pay the appropriate fees for the number of credits registered.

Student Signature:	 Date:

Site Supervisor agrees to:

- 1. Provide the student with a challenging and meaningful learning experience as outlined in this internship agreement.
- 2. Provide the student with training and supervision as needed for a safe and effective experience.
- 3. Communicate with the Indiana Tech Career Center and/or faculty supervisor when appropriate.
- 4. Complete two evaluations of the student's performance (midway through and upon completion of internship).
- 5. Reserve the right to discharge the student for just cause after consultation with the Indiana Tech Career Center.

Site Supervisor Signature:	Date:
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Faculty Advisor agrees to:

- 1. Oversee the student with respect to the academic and professional commitments included in this internship agreement.
- 2. Guide and counsel the student in this experience to maximize its contribution to his/her academic and professional development.
- 3. Visit or communicate via phone or email with the student and the employer to discuss the student's progress.
- 4. Meet with the student to evaluate the experience following completion of all assignments.
- Assess/grade the student's academic performance and offer feedback that is substantive and constructive. 5.

Faculty Supervisor Signature: _____

All students enrolled in the Executive Graduate program needs to be enrolled in a 1 credit hour CPT course each semester and during summer to continue with their employment. F1 visa holders are not permitted to work outside of campus without proper authorization from Homeland Security and will be violating their immigration status if they do.

Career Center

Agreement received, verified as complete, and logged into Career Center database.

Career Center Signature:

Course Registration Confirmation:

Course added to student's schedule as requested.

Registration Confirmation Signature: _____

Date:

Date: _____

Date: _____