

Student Organization Agreement

Student Name: _____ Student Internship Title: _____

Career Advisor: _____ Semester and Year: _____

Supervisor Name: _____ Supervisor Title: _____

Supervisor Phone: _____ Supervisor Email: _____

Company/Organization: _____

Company Street: _____ City: _____ State: _____ Zip Code: _____

Duration of internship experience (in months) From: _____ To: _____

STUDENT

As an internship student, I will be combining academic study and experience in a work setting. I will participate at the internship site for the specific period of time indicated in this Agreement. I recognize that Daemen University Career Services and the internship site retain the right to terminate my internship in the event of adverse circumstances. I understand that if Career Services determines that I am responsible for these adverse circumstances, this will be reflected in my grade and may result in a failing grade.

I have carefully investigated all available information about the organization providing the internship, and I have seriously considered the requirements of the internship before accepting it. I accept this internship fully aware of, and willing to honor, my responsibilities to the internship site. I recognize my responsibility to perform all tasks assigned to me to the best of my ability, to meet all standards and conditions, and to abide by the schedule established by the organization. I am aware that my conduct during my internship placement is subject to the policies and procedures outlined in the Daemen University Student Handbook.

I understand that the standard college policy regarding a withdrawal from a class does not apply to a Career Field Experience. Once an internship is secured, a withdrawal will not be granted. In extreme circumstances, a withdrawal may be discussed with the Career Advisors, faculty and site supervisor and will be considered at their discretion. It is my responsibility to complete all internship assignments by the designated due date. I am to immediately notify Career Services of any significant change in my status, which would have a direct effect on my performance as a participant in the Career Field Experience.

ORGANIZATION

I agree to provide the student with an internship experience during the dates specified, complete the appropriate evaluation form (worth 25% of the student's grade) and verify the student's timesheet. I understand that the U.S. Labor Department Fair Labor Standards Act guidelines state that the internship must be educational in nature and benefit the intern, does not displace a regular employee and is closely supervised. In addition, the intern does not provide an immediate advantage for the employer, nor is he/she necessarily entitled to wages or a job upon completion of the internship, which is designed chiefly for educational purposes. If this is an unpaid internship, the intern should be considered the primary beneficiary of the internship. **The student is registered for _____ academic credits, and I agree to provide a minimum of hours of work during the semester. This is a paid/unpaid field experience (please circle one). If paid, the hourly rate is \$_____.**

Student Signature

Date

Supervisor Signature

Date

Physical Therapy and Physician Assistant Students:

As a PT or PA student, I have received and reviewed the information regarding my observational/volunteer role at the site approved by my faculty advisor, and I will report any questions or problems to my Career Services Advisor immediately.

Student Signature _____ Date _____