Intern Agreement Form—ASU College of Business

# Please print clearly:

Intern’s Name :\_ Intern ID #

Intern’s Work Telephone:

Intern cell or home phone:

Company/Work site: Telephone:

Work Site Supervisor: Telephone:

Supervisor’s Title and Department:

Work Site Address: FAX:

City, State, ZIP:\_

# Terms of Internship Agreement: (Please complete other side)

Interns receive three hours of upper-level academic credit from the College of Business for completing their placement with a participating business**. In order to earn credit, the intern must have an opportunity to receive legitimate, real-world experience that is directly related to the student’s major**. Routine filing, copying, and answering the phones are important parts of all of our jobs; however, these duties or responsibilities should not represent more than approximately 25% of the intern’s activities. **Please list the main learning experiences and responsibilities on the back.**

The internship is an educational opportunity. An intern is not an agent or employee of either Arkansas State University or of the business participating in the Internship program. The intern will maintain appropriate health insurance and automobile insurance coverage during the internship.

I hereby agree to abide by the Terms of Internship Agreement set out above:

**Intern’s signature**

Date

**Work Site Supervisor’s signature**

Date

**Intern Agreement Form p. 2**

hank you for allowing our students to earn valuable experience at your business. We appreciate your participation

# Please list the primary learning experiences/responsibilities/activities which the intern will experience during this 120 hour internship. Use additional sheets if needed.

Thank you for allowing our students this valuable experience. We appreciate your participation in our Internship Program. If you have any additional questions, please don’t hesitate to contact me.