INTERNSHIP LEARNING CONTRACT

USF
UNIVERSITY OF SIOUX FALLS

Instructions: Please complete the information in sections 1-5 requested in this form. When you are finished, submit the form to the Thomas Kilian Academic Success Center and a staff member will review the form and collect the additional required signatures in section 6. Deadlines for submission may be viewed at http://usiouxfalls.edu/registrar.

SECTION 1: STUDENT INFORMATION

Name_____ Student I.D. #_____ Grad. Date _____

Major(s) _____

Current Address_____ Phone _____

City_____ State_____ Zip _____

Permanent Address_____ Phone _____

City_____ State_____ Zip _____

Do you consent to the University celebrating and acknowledging your internship placement on social media?_____

SECTION 2: INTERNSHIP STRUCTURE

Department Awarding Credit_____ Course # _____

Hours of Credit for Internship:_____ (A maximum of 12 semester hours per discipline may be applied toward graduation. Students must have a minimum CGPA of 2.0 to be eligible for internships.)

Internship taken for Grade or P/NC_____ Internship Term (Fall, Spring, Interim Summer) _____

Number of hours to be worked_____ Start Date_____ End Date _____

Job Title _____

Compensation – please select one: ☐ Wage/Stipend ☐ Unpaid ☐ Other reimbursement

Organization paying wages/stipend, if applicable _____

I understand and acknowledge that I am not guaranteed a job at the conclusion of this internship._____ (your initials)

Learning Objectives (the knowledge, skills, and competencies I expect to learn given my career goals):

Activities (the tasks I will complete to achieve my objectives):

SECTION 3: BASIS OF EVALUATION FOR GRADE (INCLUDING DUE DATES)

Please detail the types of evaluations required by the internship coordinator for grading, including but not limited to weekly journals, final paper, internship summary, Faculty Coordinator meetings, Supervisor meetings, etc. Include due dates for all types of evaluations.

Evaluation_____ Due Date _____

Evaluation_____ Due Date _____

Evaluation_____ Due Date _____

Evaluation_____ Due Date _____

SECTION 4: RISKS OF PARTICIPATION

By signing this Contract and in consideration of being allowed to participate in this internship, I acknowledge and affirm my understanding of the following:

- By participating in this internship, I voluntarily assume the risks of harm such participation presents;
- Knowing that USF has no obligation to pay, and will not pay, any costs or damages associated with any injury or harm I may suffer during or as a result of my participation in this internship, I have current health insurance that covers, to my satisfaction, those costs;
- I have current automobile insurance and agree to keep the same in force during the term of my participation in this internship;
- If required but not provided by the sponsoring organization, I have current professional liability and/or errors and omission insurance and agree to keep the same in force during the term of my internship;
- I will at all times during the internship conduct myself in accordance with the ethics and precepts of the sponsoring organization;
- I will at all times during this internship conduct myself in accordance with the Conduct Expectations for All Students contained in the Student Handbook, which is by this reference incorporated herein and which may be amended from time to time without notice to me;
- I have read the Conduct Expectations in the Student Handbook and have had any questions about them answered to my satisfaction;
- USF can, in its sole discretion, terminate this internship at any time, for any reason;
- If for any reason, including but not limited to USF's termination of this internship, this internship is terminated or cancelled, I am not entitled to a tuition refund for the credits, if any, associated with my participation in the internship; and
- To the maximum extent permitted by law, I, for myself, my heirs, assigns, and representatives, release and agree to indemnify USF and its employees and agents from and against any and all liabilities, claims, demands, or expenses, including attorneys' fees, arising out of or by reason of my participation in the internship (including periods in transit)."

SECTION 5: REQUIRED SIGNATURES

Organization Name _____

Organization Address_____ Supervisor Phone _____

City_____ State_____ Zip _____

Supervisor Email_____ Supervisor Signature _____

Student Intern Signature_____ Date _____

SECTION 6: REQUIRED SIGNATURES

Faculty Coordinator Signature_____ Date _____

Academic Area Chair Signature_____ Date _____

Academic Success Center Signature_____ Date _____

Vice President of Human Resources Signature_____ Date _____

Vice President of Academic Affairs Signature_____ Date _____