Internship Course Request and Agreement Form

Name: _______________________________  FSUSN: _______________________________

Email: _______________________________  Student Phone #: _________________________

Major: _______________________________  Course Number: __________________________

Internship Company: ___________________  Location: ______________________________

Semester Interned: _____________________  Compensation: __________________________

Duration of Internship (# of weeks and hours per week): __________________________________

Supervisor (and contact information): _______________________________________________

How did you obtain this Internship: ________________________________________________

GUIDELINES:
1. The student must be formally admitted into the College of Business and have completed the prerequisites for an internship based on their major.
2. The intern must work a minimum of 6 weeks and _______ hours.
3. The internship is worth _______ credit hours.
4. Internship credit will not be granted retroactively.
5. Internships are overseen by the Director of Internships in conjunction with the host company field supervisor.

RESPONSIBILITIES OF THE STUDENT:
1. Perform all duties and responsibilities in a professional manner.
2. Abide by the personnel policies of the host company or agency; maintain regular and prompt attendance; contact the appropriate supervisor when questions arise.
3. Maintain confidentiality with regard to sensitive information gained in the work environment.
4. Complete all assignments listed on the internship syllabus.*
5. Maintain contact with your faculty advisor.
6. Payment of the tuition for the internship course.*

By signing this agreement, you consent to being registered for the internship course if you are successfully placed in an internship. You will be liable for tuition and will abide by the responsibilities outlined above. Failure to abide by these policies and the internship syllabus will result in an unsatisfactory (U) grade in the internship course. You will also no longer be able to take advantage of the Internship Programs Office.

Approval: ____________________________________________  Student

Mark K. Roof, Director

Return form to:
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