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

Timothy J. Middleton, Director

Return form to:
Timothy J. Middleton
Rovetta Business Building, Room 327
PO Box 3061110
Tallahassee, FL 32306
tmiddleton@cob.fsu.edu
(850) 644-8495 Office
(850) 645-9410 Fax

Office Use Only:
Date Returned:
Date Enrolled in Course: