

STUDENT PRACTICUM/INTERNSHIP PARTICIPATION AGREEMENT

The primary reason for participating in a practicum/internship is to apply academic knowledge in a practical setting. The UNIVERSITY has an agreement with the following organization as a host site for a student practicum/internship:

(Name, Address, Contact Person)

Student Responsibilities

Student acknowledges that the supervising faculty member has provided him/her the written documentation of the type, duration, work expectations, grading, and any other criteria to be used in the granting of academic credit for this practicum/internship. Such documentation shall be attached and made a part of this agreement.

Student agrees to notify supervising faculty member and the host organization of any change in enrollment status or circumstances that will prevent completion of this practicum/internship.

Liability and Insurance

Student acknowledges that his/her participation in this experiential learning does not establish them as an employee or agent of the UNIVERSITY. The UNIVERSITY is prohibited from accepting any liability for the acts, omissions, and conduct of the students participating in practicum/internship with host organizations, and is prohibited from providing coverage with State Accident Insurance, liability insurance, or workers' compensation insurance.

Termination of Student Participation for Cause

Student agrees to comply with the HOST's administrative and operating policies, procedures, rules, and regulations. The HOST may request that the UNIVERSITY withdraw from the program any student who, in the HOST's judgment, is not performing satisfactorily or who refuses to follow the HOST's administrative and operating policies, procedures, rules, and regulations.

Discrimination

Neither the UNIVERSITY nor the HOST shall engage in discrimination in the treatment of any participant connected with the practicum/internship. Discrimination means any act that unreasonably differentiates selection and treatment, intended or unintended, based upon race, color, national origin, religion, sex, sexual orientation marital status, age, disability or veteran status. Student agrees to notify supervising faculty member and/or University Affirmative Action officer of any treatment that the student believes constitutes discrimination or sexual harassment.

By my signature below, I acknowledge that I have read, understand, and agree to abide by the terms of this agreement.

Student

Supervising Faculty Member

Signature

Date

Signature

Date

Student Name: _____

Phone Number: _____

E-mail: _____