



Internship Agreement Form

EAM 4106 – Practicum/Internship

Student Name:		T#:	
Address:			
City:		State:	Zip:
Email:		Phone:	
Anticipated Graduation Term:	<input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Fall		Year:
Internship Term:	<input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Fall		Year:

Company/Organization Name:		Department:	
Supervisor Name:		Title:	
Address:			
City:		State:	Zip:
Email:	Phone:	Fax:	
Website:			

Dates of Internship: <i>400 hours Minimum</i>	From:	To:	Hours Per Week:
Compensation:	<input type="checkbox"/> Unpaid	<input type="checkbox"/> Paid	If Paid, Amount:
Travel/Living Expense:	<input type="checkbox"/> None	<input type="checkbox"/> Yes-Partially	<input type="checkbox"/> Yes-In Full

Job Description:			

The satisfactory completion of this course requires several forms and reports to document and record the student's learning experience.

Students are expected to:

- Meet with the Internship Coordinator before the beginning of the internship experience to review goals and expectations.
- Submit a completed internship agreement form that is signed by both the student and the Site Supervisor no later than the Friday prior to the first day of classes for the term in which the internship is to be completed. This form may be submitted in person or by email. *Students will not be registered without a completed form.*
- Submit all required materials to the Internship Coordinator by the assigned due dates.

Supervisors are expected to:

- Provided student interns with a minimum of 400 hour of internship experience.
- Provide student interns with work in a pre-professional capacity, and not merely a clerical capacity. Interns are expected to gain exposure to substantive areas related to emergency management in their work.
- Evaluate the intern's performance at the end of the internship.

The Internship Coordinator is expected to:

- Provide support to both the student and the supervisor.
- Make on-site visits to the internship site to meet with the site supervisor. *(When the site is considerably removed or a suitable time cannot be coordinated, the evaluation may take place by phone.)*

Liability Release and Statement of Non-disclosure:

That in consideration of being allowed to participate in this Internship and receive educational and other benefits therefrom, the undersigned Intern hereby voluntarily assumes all risks of accident or personal damage to his/her person or property and hereby releases the above stated Internship Organization, Arkansas Tech University, the Arkansas Tech University Board of Trustees, the faculty and staff of Arkansas Tech University, as well as any other respective agents and employees of Arkansas Tech University, from every claim, liability or demand of any kind sustained, whether caused by negligence or otherwise. This release shall be binding upon any heirs, administrators, executors and assigns, of the undersigned Intern. The undersigned Intern agrees to the liability release and conditions set forth for this Internship. In addition, the undersigned Intern understands and agrees to all the terms, conditions, and requirements set forth in this Agreement Form in accordance with the Intern's Internship. The undersigned Intern will not divulge, copy, release, sell, loan, review, alter or destroy records except as properly authorized by the appropriate official within the scope of applicable state or federal laws, record retention schedule, internal policies, and departmental procedures.

Internship Agreement:

I agree to fulfill the requirement of this internship to the best of my abilities. I understand that it is my responsibility to meet all the requirements and submit all required materials, and failure to do so may affect the final course grade for the internship.

Student Signature

Date

I agree to supervise the intern for a minimum of 400 hours. I will evaluate the intern based on his/her performance at the conclusion of the internship.

Supervisor Signature

Date

**Supervisor Note:* The student completing this internship should be supervised by a professional staff member within your organization. The supervisor should not be an individual who is currently enrolled at Arkansas Tech University as an undergraduate student, or an individual related to the intern.

Internship Coordinator Signature

Date

Dr. Jamie Earls, Assistant Professor – Internship Coordinator
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