

**MODEL INTERNSHIP AGREEMENT FORM
THE CATHOLIC UNIVERSITY OF AMERICA**

To Be Completed by the Student:

Personal Information

Name of Intern: _____ Date: _____

I.D. Number: _____ CUA Email Address: _____

Phone Number: _____ Status (i.e., Junior or Senior): _____

Program and Major: _____ Semester of Proposed Internship: _____

Information about the Proposed Internship

Organization Name: _____ Internship Title/Division: _____

Supervisor Name: _____ Supervisor Email Address: _____

Supervisor Phone Number: _____

3 Goals or competencies you would like to achieve/attain with this internship:

(A core list of competencies can be found [HERE.](#))

1.

2.

3.

I agree to:

- complete the interim and final internship evaluations and submit them to my faculty advisor
- attend all required meetings with my faculty advisor
- comply with the rules and policies of the employer and of the University
- notify my faculty advisor or another University official of any problems that arise during the internship

I understand that:

- failure to comply with University rules and policies can lead to removal from the internship program, failure to receive a passing grade, or disciplinary action at the University's discretion.
- I am responsible for any and all of my own willful misconduct or criminal actions.
- the University has no control over what happens outside campus and the University cannot guarantee my safety in an Internship environment.

Student Signature: _____

To Be Completed by the Employer:

Start and end date of the internship: _____

Internship description:

Skills to be learned and tasks required (be specific):

Special projects to complete:

Description of how supervision will be administered:

Employer agrees that:

- the intern will be assigned a direct supervisor by employer and that supervisor will fill out the interim and final internship evaluations
- Employer adheres to all applicable laws and regulations, including the [Fair Labor Standards Act](#)
- the student will be allotted time off to meet with the faculty adviser overseeing their academic credit
- the employer will provide a safe and secure work environment for the student and inform the student and faculty advisor of any possible problems or unsafe conditions
- the student will be provided with requisite trainings, a suitable work space, meaningful work experience, and regular supervision by the employer.
- The employer accepts the primary responsibility for supervision and control of the student at the internship site.
- if applicable, the employer will pay the student the agreed upon rate of compensation for the term of the internship and provide any other employment benefits required by law.

Supervisor Signature: _____

To Be Completed by the Faculty Advisor (overseeing the class):

Name: _____ CUA Email Address: _____

Phone Number: _____ School or Department: _____

Plan of any special assignments and/or meeting during the internship (if desired, a syllabus may be attached instead):

Faculty Advisor Signature: _____

Depart. Rep. Signature (authorizing credit at the University): _____