

Intern Agreement Form—ASU College of Business

Please print clearly:

Intern's Name : _____ Intern ID # _____

Intern's Work Telephone: _____ Intern cell or home phone: _____

Start Date: _____ End Date: _____

Company/Work site: _____ Telephone: _____

Work Site Supervisor: _____ Telephone: _____

Supervisor's Title and Department: _____

Work Site Address: _____ FAX: _____

City, State, ZIP: _____

Terms of Internship Agreement: (Please complete other side)



Interns receive three hours of upper-level academic credit from the College of Business for completing their placement with a participating business. **In order to earn credit, the intern must have an opportunity to receive legitimate, real-world experience that is directly related to the student's major.** Routine filing, copying, and answering the phones are important parts of all of our jobs; however, these duties or responsibilities should not represent more than approximately 25% of the intern's activities. **Please list the main learning experiences and responsibilities on the back.**

The internship is an educational opportunity. An intern is not an agent or employee of either Arkansas State University or of the business participating in the Internship program. The intern will maintain appropriate health insurance and automobile insurance coverage during the internship.

I hereby agree to abide by the Terms of Internship Agreement set out above:

_____ Date _____

Intern's signature

_____ Date _____

Work Site Supervisor's signature

Dr. Gail Hudson
870-972-3430--office

P. O. Box 59 State University, AR 72467
870-972-3833--fax

ghud@astate.edu

Please list the primary learning experiences/responsibilities/activities which the intern will experience during this 120 hour internship. Use additional sheets if needed.

Thank you for allowing our students this valuable experience. We appreciate your participation in our Internship Program. If you have any additional questions, please don't hesitate to contact me.

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