



# **Academic Internship Agreement**

**Form must be completed before the Academic Internship begins.**

**Student is responsible for obtaining 4 signatures:**

- LCOB Academic Advisor**
- Employer**
- LCOB Internship Coordinator**
- LCOB Faculty Internship Supervisor**

**(8/18/2014)**



**THE LUTGERT COLLEGE OF BUSINESS  
ACADEMIC INTERNSHIP AGREEMENT**

**Student Intern (Please type or print in ink.)**

I, \_\_\_\_\_ (Student) agree to an internship agreement with \_\_\_\_\_ (Employer) located in \_\_\_\_\_ (City), beginning on \_\_\_\_\_ (Day and Date) and ending on \_\_\_\_\_ (Day and Date). I am able to work the specified hours at the designated employer location. The internship is a new learning experience (not the student's current employment) and may not be applied toward service learning hours.

I understand the following assignments must be submitted to the FGCU Faculty Internship Supervisor:

1. Weekly activity reports listing specific activities, time spent, and individual observations.
2. Internship Site Evaluation form (completed by student) and Student Intern Evaluation <http://www.fgcu.edu/CoB/internships.html> (completed by employer) at the conclusion of the internship.
3. Final report clarifying the learning experiences that occurred during the internship. The report should include an introspective examination of the experience in light of the materials presented in related coursework at FGCU.
4. Additional requirements as assigned by the FGCU Faculty Internship Supervisor.

**Intern Supervisor at Hosting Employer (please type or print in ink)**

The above company has agreed to employ the said student for the period of time indicated.

The student and I, \_\_\_\_\_ (Name and Title) will meet weekly for discussions regarding progress. I will be responsible for the evaluations of the student and the overall supervision and final evaluation of the intern. My phone number is \_\_\_\_\_. I am in the \_\_\_\_\_ Department. The Employer confirms its commitment to not discriminate based on race, color, religion, disability, sex, age, national

origin, marital status, genetic predisposition, sexual orientation, gender identity/gender expression, or veteran status.

The student shall be considered a member of the professional staff and have the accompanying responsibilities and privileges. It is required that the student work a minimum of \_\_\_\_\_ total hours (equivalent to 3 university credit hours). The student's schedule may vary to meet employer needs or the student's class schedule. I understand Academic internship requires 150 to 220 hours working at an approved site for a 10 to 12 week period.

**PURPOSE**

The parties specified in this Agreement have determined that they have a mutual interest in providing for student learning experiences with the above Employer. Florida Gulf Coast University has determined that student placement with Employer is consistent with the goals and objectives of the curriculum and will enhance the program of study.

**TERM**

Effective date for the Agreement shall be the date indicated on page 2  
It shall run continuously without necessity for renewal.  
Either party, upon written notice of at least fourteen (14) days, may terminate this Agreement.

**STUDENT (Please print.)**

Name \_\_\_\_\_

Student UIN: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ FGCU Email \_\_\_\_\_

**EMPLOYER (Please print.)**

Organization/Company Name \_\_\_\_\_

Department \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Site Supervisor \_\_\_\_\_ Title \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Internship Position Title (To be completed by the employer):

\_\_\_\_\_

NOTE: Please attach a copy of the Internship Position Description.

NOTE: Academic internship requires 150 to 220 hours working at an approved site for a 10 to 12 week period.

**ACADEMIC ADVISING AND COURSE INFORMATION**

Student must be qualified by their LCOB Academic Advisor. Intern must be Juniors (60 credit hours) with a minimum overall GPA of 2.5 and a 3.0 in their major.

MAJOR GPA: \_\_\_\_\_ OVERALL GPA \_\_\_\_\_ COURSE NUMBER: \_\_\_\_\_

COURSE TITLE \_\_\_\_\_ CRN: \_\_\_\_\_ CREDITS: \_\_\_\_\_

SEMESTER: \_\_\_\_\_ SESSION: \_\_\_\_\_

Academic Advisor Signature: \_\_\_\_\_ Date \_\_\_\_\_

***I have read and reviewed the Internship Agreement attached:***

Employer Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

*Internship Approved Florida Gulf Coast University Board of Trustees:*

Internship Coordinator: \_\_\_\_\_ Date \_\_\_\_\_

Faculty Internship Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

**STUDENT MUST SUBMIT COMPLETED AND SIGNED FORM TO THE ADVISING OFFICE 1<sup>ST</sup> FLOOR-LCOB**