

John D. MacArthur Campus ● 5353 Parkside Drive ● Jupiter, FL 33458  
Phone (561) 799-8647 Fax (561) 799-8533

## Internship Forms

Please fill out Sections I, II, and III. Please be sure to collect ALL necessary signatures (Honors College faculty advisor, Internship Supervisor, etc) and submit the contract to Dr. Monica Maldonado via mail, scan/email, fax or in person (HC 171). Upon completing the internship you must have the EVALUATION FORM filled out and signed and submitted to your faculty advisor so they can issue you a Satisfactory or Unsatisfactory "grade". Please discuss the expected due date for both the paper and evaluation with your faculty advisor and plan accordingly.

### **I. General Information**

Name \_\_\_\_\_ Z# \_\_\_\_\_

Local Address \_\_\_\_\_

Permanent (Home Address) \_\_\_\_\_

Local Telephone Number \_\_\_\_\_

E-Mail Address \_\_\_\_\_

U.S. Citizen \_\_\_\_\_ Permanent Resident \_\_\_\_\_ International Student \_\_\_\_\_

If you are an international student and/or receiving financial aid, you must check with a financial aid counselor and/or the International Students Office to be sure you are in compliance with federal regulations.

Classification or Year in College \_\_\_\_\_

Total Credits Completed \_\_\_\_\_

Concentration \_\_\_\_\_

Overall GPA \_\_\_\_\_

Semester \_\_\_\_\_

Course Number \_\_\_\_\_

Section Number \_\_\_\_\_

Call Number \_\_\_\_\_

Credit Hours for internship \_\_\_\_\_

## II. The Internship Contract

Each student applying for an internship must compose an internship contract to be signed by the employee supervisor, the faculty internship advisor, and the student. This may be a revised version of the preliminary proposal you submitted online, pasted into the text box below.

Describe the internship, its relation to your course of study, the method of evaluation, and the credit hours.

Student: \_\_\_\_\_ Date:

Employee Supervisor: \_\_\_\_\_ Date:

Faculty Advisor: \_\_\_\_\_ Date:

### III. Consent and Release Statement

I, the undersigned, wish to participate in a Wilkes Honors College of Florida Atlantic University Internship Program. I agree that FAU may release my transcripts to my Internship Employee Supervisor and Faculty Internship Supervisor if requested. I understand that I will be responsible for securing my own food, housing, and travel arrangements and funding. I understand that to find out what my financial aid eligibility is during my internship period, I must meet with an FAU financial aid counselor well in advance of my internship.

I state that I am at least eighteen years of age or have a notarized letter from my guardian allowing participation in this internship. I also state that I am doing this internship as partial fulfillment of my undergraduate degree requirements at FAU Honors College. I understand and agree that my participation in this internship program is in no way an agreement for employment with FAU, the State of Florida, or both. I also understand and agree that as an intern I will not be entitled to unemployment compensation based upon any internship employment period.

I state that I am solely responsible for my own participation in this Internship Program and for my own physical wellbeing. I willingly and knowingly assume for myself, my heirs, family members, executors, administrators and assigns, all risk of physical injury, accident, or death, and any property loss of any kind which may occur before, during, or after my participation in any aspect of this Internship Program. Being aware of risks inherent in the Internship Program activities, I nonetheless voluntarily choose to attend and participate in the Internship Program activities, and I assume all risks arising out of them, including travel to and from various Internship Program locations.

In exchange for permission to participate in the Internship Program, I release, acquit, forever discharge and waive any claims which I may have against the State of Florida, The Florida Board of Regents, Florida Atlantic University, the Wilkes Honors College and its respective employees, administrative officers, and agents of any and all kind and all of the foregoing, and I hold them free and harmless of and from all actions, causes of action, claims, damages, and costs arising from and accruing to me on account of any and all accident or injury to me, or death, or loss of any property of any kind directly or indirectly sustained by me as a consequence of my travels to and from, and my participation in any aspect or activity of the Internship Program with FAU Honors College.

I have read and understand the provisions of the foregoing Consent and Release document and do freely accept its terms.

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Signature of Participant/Applicant

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Print Name of Participant/Applicant

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Date

#### IV. Agency/Intern Sponsor Agreement Form

Company Name/Agency \_\_\_\_\_

Address \_\_\_\_\_

Phone (    ) \_\_\_\_\_

Fax (    ) \_\_\_\_\_

Signature below designates **Agency/Intern Sponsor** agrees:

To participate in an Internship Program with Florida Atlantic University's Wilkes Honors College and with eligible students who are approved and referred by an Honors College designee.

To pay internship students, if agreed upon and appropriate, at a rate of \_\_\_\_\_. This agreement does not bind the Agency to continue employment beyond the period established at the time of offer.

To return to the University an evaluation of each intern's performance, on forms provided by Florida Atlantic University's Honors College, at the end of each assignment period (semester).

This agreement between the Agency and the University and Honors College may be terminated at any time upon written notice to the other party.

Both Agency/University confirm that they are Equal Opportunity/Affirmative Action Agencies and will consider/recommend persons without regard to cultural/ethnic group, sex, age, religion, national origin or handicap:

Agency:

University:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name

Monica A. Maldonado

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

Associate Director, Student Activities

\_\_\_\_\_  
Title

Mailing Address:  
Dr. Monica Maldonado  
Associate Director, Student Activities  
Wilkes Honors College  
FAU MacArthur Campus  
5353 Parkside Drive  
Jupiter, FL 33458