

STUDENT INTERNSHIP AGREEMENT

*Enrollment in a UCF Internship Course requires completion and submission of this form. *

I, _____ agree that I will be an intern with the College of Business Administration's Internship Program and will abide by its rules and regulations established by the College of Business and its respective departments.

I agree to act in a professional manner and abide by the internship policies in the College of Business Administration. I understand further that should I violate the policies; my internship may be terminated. **Should the internship be terminated, I understand that the grade for the terminated internship will be "unsatisfactory."** I understand that as an intern I am not an employee of the College of Business Administration or the University of Central Florida and am not entitled to any employee benefits.

If I am in my graduating semester, I understand that if I am fired, quit, or discharged from my internship for any reason, I will not receive credit for the Internship and may not graduate this semester.

I understand that the sponsoring organization cannot be a current or former employer. The internship will be graded as satisfactory or unsatisfactory for undergraduate students and a letter grade for graduate students. **The credit hours are included in your overall UCF coursework but not in the calculation of the GPA.**

I understand that I am expected to turn in all necessary assignments on time and realize that I will be penalized for lateness as described in the syllabus.

I understand that the _____ semester Internship will begin _____ and will end _____. I further understand that I am to work _____ hours each week based on the University's academic semester. *You will only be able to complete a total of 40 hours before the start of the semester.* This time shall be monitored at the discretion of the organization's Internship Supervisor and the Internship Coordinator.

I understand that I must follow all policies of my internship-sponsor organization and all UCF Guidelines while enrolled in the Internship Program (I will not be late, I must work all scheduled hours, etc.).

I understand that I must always act professionally while enrolled in the Internship Program (being late to the Internship or not showing up for the Internship is not acceptable and represents grounds for a failing grade).

I understand that I am required to notify the Internship Coordinator immediately should any of the following occur:

- I have a change in my contact information
- I begin to experience problems with my internship
- I begin to regularly fall short of the required number of hours worked per week

I hereby agree to the above terms.

SIGNATURES

Student: _____

Date: _____

Internship Coordinator: _____

Date: _____



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Personal Information					
Last Name		First Name		Date	
UCFID		Email		Phone	
Major		Minor		Catalog Year	
Catalog Year		Hours Needed until 120		Ant. Graduation	

Term of the Internship: SP SUM FA | 2019 2020 2021

GPA's					
UCF GPA		CBA GPA		Major GPA	

Attached Documents	
Student Internship Agreement	
Student Contract	

Course Prefix: _____

Course #: _____

Course Section: _____

Credit Hours: _____

Students Read the Following Statement Carefully:

"I have read the Student Financial Responsibility Statement and Promise to Pay documents as provided by my advising office. I further understand that said document includes course enrollment facilitated by a university representative. By signing here, I accept the terms of this agreement." <https://studentaccounts.ucf.edu/wp-content/uploads/sites/6/Student-Financial-Responsibility-Statement-and-Promise-to-Pay.pdf>. I certify that I have no holds on my student account. If this course causes me to reach the 17 credit hour limit, I will have an approved petition on file in the Office of Professional Development.

SIGNATURES

Student: _____ Date: _____

Department: _____ Date: _____

Instructor: _____ Date: _____

To Be Completed by the Internship Coordinator Only

Date Enrolled: _____

Initials: _____

Internship Program Work Hours Log

Please print or type legibly. Turn in form bi-weekly during your internship via Canvas webcourse. Scan and upload.

Intern Name: _____ Term: _____

Internship Company: _____ Supervisor: _____

Week Beginning (e.g. 6/1/19)	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.	Total	Supervisor Initials

Total Hours Worked in the semester: _____

I verify that the hours listed above are accurate.

Intern Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____