

Internship Qualification Form

Complete this form to confirm that you have received and accepted an offer for an internship.

Name: _____ Major: _____

Term of the Internship: SPR SUM FALL 2020 2021 2022

Will you be taking the internship for course credit? Yes No

Will you be using Internship for credit: (check one circle) ___ In the Major | ___ For 120 requirement

What is your anticipated graduation date?

Name of Employer (provide full name of the organization):

Title of your internship position: _____

Hours per week: _____ Compensation Type: Hourly Stipend Unpaid

Hire Date: (ex:mm/dd/yyyy) Pay Rate:

Internship Experience Mentor/Supervisor Information

Include complete and accurate contact information about your mentor/supervisor below.

Supervisor Full Name: _____

Job Title: _____

Supervisor Phone: _____

Supervisor Email: _____

Complete this form and email (4) items to the Internship Coordinator:

- 1 - Internship Qualification Form
- 2 - Offer letter/Email (showing proof that you were selected for the Internship)
- 3 - Job description written by the Employer
- 4 - Resume used for application

***These four items must be submitted in order to verify the organization and student qualifications for an internship for academic credit*.**

*International Student Yes No

EMPLOYER INTERNSHIP AGREEMENT

***Please initial each line, agreeing to each statement. Then, fill the bottom portion. ***

___ I agree to provide the Internship Student _____ hours of employment over the course of the semester.

___ I agree to provide a professional experience over the course of the semester (clerical work and other various menial tasks will be no more than 20% of the total job responsibilities.)

___ I will provide a meaningful work experience, which will supplement and enhance the concepts expressed in academic sources.

___ I will offer the student an opportunity to assess his/her abilities and interest in the organization and the role.

___ If there are any problems or concerns with the intern, or termination is being considered, I will contact the Internship Coordinator immediately.

___ This internship experience will provide inside exposure to the structure, operations, and decision-process within our organization.

___ I agree to provide the university with a performance appraisal of the student at the end of the semester.

"An Employer will not look to UCF for any costs associated with a student position or the Employer's participation in UCF programs. This includes any expenses associated with a workplace injury, claims against the Employer due to the actions of the student, or with regard to any claims, actions or damages arising out of the conduct of Employer or Employer's agents, employees, or representatives."

I hereby agree to the above terms.

Intern Student Name: _____

Organization: _____

Supervisor Name (printed): _____

Supervisor Signature: _____

Phone: _____

Email: _____

Please return to the student intern, to submit via email to the Internship Coordinator, sylecia.groover@ucf.edu.