

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 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 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: _____



Enrollment in an Internship Course requires the completion of this form.

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

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

GPA's				
CUM 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: _____
 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: _____