

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 and verify these hours on a bi-weekly basis (or other agreed upon timeline).

___ 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 understand I should contact the Internship Coordinator to discuss.

___ 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: _____

Date: _____

Phone: _____

Email: _____

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