

STUDENT INTERNSHIP AGREEMENT

To be completed in person with a member of the Office of Professional Development Internship Team. This form must be completed in order to be enrolled into the Internship for Credit Course.

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.

_____ 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 if I am in my graduating semester, may not graduate.

_____ 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 hours worked and counted towards my total requirement for the _____ semester will begin _____ and will end _____.

_____ I understand that I am to work at least _____ hours over the course of the term based on the internship guidelines laid out by the University. 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>

_____(Initials) I understand initialing will allow the Internship Coordinator to directly enroll me into the respective internship course and I will be responsible for payment or any course removal should I no longer require enrollment.

_____ 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: _____