Internship Agreement

The Internship Agreement form specifies the conditions and provisions of the internship and is an agreement between the student, internship organization and the Business Department at the University of Minnesota Crookston. The form needs to be completed by the employer and intern. After completing the form, return to the Internship Instructor for review and approval. Upon approval, you will receive a permission number allowing you to enroll in the internship course.

**Course Prefix and Number:** _______________  **Semester & Year:** _______________
(example: MGMT 3900-E90)

**Student Information:**

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>MI</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Phone Number</th>
<th>Email Address</th>
<th>Student ID</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Major(s):**

**Employer Information:**

<table>
<thead>
<tr>
<th>Company Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Immediate Supervisor Name</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Phone Number</th>
<th>Email Address of Supervisor</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Company Website</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>
**Internship Credits:**
Internships in business at UMC require students to complete 100 hours of work per credit (so if you take 3 credits of internship, you will be required to complete 300 hours of work for this internship).

Check the number of credits of internship that you plan to complete:
- ☐ 1 credit (100 hours)
- ☐ 2 credits (200 hours)
- ☐ 3 credits (300 hours)

**Job Responsibilities:**
Please list the job responsibilities that you and your employer have agreed to during your term of employment. Please note that the job responsibilities must align you’re your field of study. Please provide sufficient detail.

1. _________________________________________________________________
2. _________________________________________________________________
3. _________________________________________________________________
4. _________________________________________________________________
5. _________________________________________________________________
6. _________________________________________________________________
7. _________________________________________________________________
8. _________________________________________________________________
9. _________________________________________________________________
10. _______________________________________________________________

**Conditions of Internship Employment:**

Proposed internship start date: _____________________________

Proposed internship end date:  _____________________________

Number of hours the intern will work each week:  ________________________

Wages paid to the intern will be set as follows (please check one):
- ☐ Hourly wage:   __________________
- ☐ Monthly wage:  __________________
- ☐ Stipend:    __________________
- ☐ No salary
Benefits supplied by the employer to the intern (check all that apply):

- Liability insurance
- Workmen’s compensation
- Social security
- Overtime wages (include the conditions of):

________________________________________________________________________

☐ Other (include description):

________________________________________________________________________

☐ No benefits provided

Safety Requirements:

List safety requirements for the intern:

________________________________________________________________________

________________________________________________________________________

Confidentiality Requirements:

List confidentiality requirement for the intern:

________________________________________________________________________

________________________________________________________________________

Training:

The intern will be trained on the organization and their responsibilities through the use of which of the following methods (check all that apply):

- Company orientation
- Formal training classes
- Informal training (peer training)
- Other: ________________________________

Miscellaneous:

Intern's dress code during the internship:

________________________________________________________________________

________________________________________________________________________

Please list any other conditions of internship employment not addressed in this document:

________________________________________________________________________

________________________________________________________________________
Conflict of Interest Disclosure

Check the item below that describes the relationship between the employer, supervisor, and student intern.

☐ No prior relationship exists

☐ Family member owns and/or operates the organization  *(Please describe relationship below)*

__________________________________________________________________

☐ Employer Supervisor is a family member or family friend  *(Please describe relationship below)*

__________________________________________________________________

If item 2 and/or 3 was selected above, please describe how the employer and/or supervisor will handle communication, supervision, problem-solving, and evaluation in a non-bias, professional manner.

__________________________________________________________________

__________________________________________________________________

__________________________________________________________________

SIGNATURES

Student: ______________________________________ Date: _______________

Internship (Employer) Supervisor: _______________________________ Date: _______________

Internship Instructor: _______________________________ Date: _______________

For office use only:

Permission Number: _______________________________