

University of Lynchburg Internship Contract 1 - Registration

To officially register and receive credit, this contract must be completed and filed **before** the internship begins.



Student Information

Intern Name:	
Class (Year):	
Major:	
Are you an F-1 Visa holder?	
Address (street, city, state, & zip):	
University Box #:	
Phone:	
Email:	

Internship Site Information

Name of Organization/Site:	
Site Supervisor:	
Title:	
Phone:	
Email:	
Work Site Address:	

Internship Credit Information

Academic Prog. Granting Credit:	
Course #:	
Total # of Internship Hours:	
Number of Credits:	
Academic Semester & Year:	
Faculty Supervisor:	
Academic Advisor (if different):	

To Be Completed by Site Supervisor and Reviewed by Faculty Supervisor

Intern's Job Title:	
Start Date:	
End Date:	
Brief Description of the Intern's Duties & Responsibilities:	
Total # Internship Hours (across the semester):	

Pay and/or Stipend (if any):	
Faculty Supervisor's Responsibilities	
<i>The faculty supervisor selects all that apply:</i>	
☐ Visit internship site: # of planned visits _____	
☐ Meet regularly with intern: # of planned meetings _____	
☐ Communicate (phone/email) regularly with site supervisor: # of contacts _____	
☐	
Student Intern's Responsibilities	
<i>The faculty supervisor selects all that apply:</i>	
☐ Write a journal reflecting internship experiences	
☐ Write a final paper reflecting internship experiences	
☐ Deliver a presentation reflecting internship experiences	
☐ Complete an internship project assigned by the faculty supervisor	
☐ Meet with the faculty supervisor regularly: # of meetings _____	
☐ Other: _____	

Signatures
The following signatures indicate internship approval as a legitimate learning experience, and successful completion will result in the award of academic credit. Academic requirements are to be established and agreed upon by all parties concerned. Final approval by the Career & Professionalism Center.

_____	_____	_____	_____
Student	Date	Site Supervisor	Date
_____	_____	_____	_____
Faculty Supervisor	Date	Academic Advisor	Date
_____	_____	_____	_____
Program Chair	Date	School/College Dean	Date
_____	_____		
Center for Career Engagement Opportunities	Date		

If the terms of this contract are not met, this contract may be terminated or amended by the student, the site supervisor or the faculty supervisor at any time upon written notice, which is received and agreed to by the other two parties. This internship does not constitute employment nor guarantee future employment of the student by the internship work site. The student acknowledges personal responsibility for the internship commitment and promises to conduct him/herself in a professional manner and complete all specified requirements. The student hereby releases and discharges UNIVERSITY OF LYNCHBURG from all claims, demands, or damages that may arise as a result of participation in the said program and agree to indemnify and hold harmless UNIVERSITY OF LYNCHBURG, its agents, officers, and employees from any and all loss, damage, or expense incurred as a result of participation. The student further agrees to complete all required internship paperwork. ULICP#1 JUNE 2019.