



**BEMIDJI**  
STATE UNIVERSITY

## Bemidji State University Internship Agreement Form

### Student Intern

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Student Major: \_\_\_\_\_  
 Non-Credit  
 Credit \_\_\_\_\_ # of credits\*  
\*You must register for internship credit

Internship Coordinator: \_\_\_\_\_ Phone: \_\_\_\_\_

### Internship Site

Name of Employment Site: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Student Intern Title: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Supervisor Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Average number of hours to be worked by the Student each week: \_\_\_\_\_

Begin Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Select:  Unpaid  Paid Compensation: \$\_\_\_\_\_/hour  
\*For unpaid internships please refer to the  
Fair Labor Standards Act

### Internship Job Description & Learning Objectives:

### Evaluation Procedures:

*Continues on next page*

**STUDENT RESPONSIBILITIES**

In exchange for the opportunity to participate in the training experience/ internship at the Facility, the Student agrees to:

1. Keep regular attendance and be on time, both at school and at the Facility’s training site. The Student will promptly notify the Facility’s training site if unable to report. The Student’s placement will automatically terminate if the Student terminates his/her enrollment in the Program or is no longer enrolled as a student at the University.
2. Demonstrate honesty, punctuality, courtesy, a cooperative attitude, desirable health and grooming habits, desirable/required dress and a willingness to learn; and
3. Furnish the coordinating University instructor with all necessary information and complete all necessary reports requested by the instructor. Submitting falsified reports is cause for immediate expulsion from the Program; and
4. Conform to all rules, regulations, and policies including health, safety, and work environment of the Facility, follow all instructions given by the Facility and always conduct myself in a safe manner; and
5. Consult with the University instructor about any difficulties arising at the Facility’s training site; and
6. Be present at the Facility’s training site on the dates and for the number of hours agreed upon; and
7. Not terminate his/her participation in the training experience at the Facility without first consulting with the University’s instructor.

The Student also understands and agrees that:

- a. Placement and participation in this training experience is not employment with the University or Facility;
- b. The Student is not covered by the University worker’s compensation coverage; and
- c. The Student will not receive any money or compensation or benefits of any kind from the University in exchange for his/her participation in the training experience.
- d. The Student also understands that the Facility does not promise or guarantee any future employment for the student.
- e. The Student understands that he/she is responsible for providing his or her own health insurance and for any and all medical expenses incurred by him/her related to any injury, loss or illness sustained by him/her while participating in the training experience at the Facility.

**Agreement Signatures:**

Student’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Internship Site Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Faculty Internship Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_

<b>FOR OFFICE USE ONLY</b>			
Received by Career Services Staff: _____		Date: _____	
Copies Sent to Internship Coordinator: _____ (initials)		Date: _____	Recorded: _____

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