Student Internship Agreement

College of Liberal Arts and Sciences, Internship Program
Office for Undergraduate Students, St. Augustine Center, Room 107
(610) 519-4232
as.internship.villanova.edu

I, _____ acknowledge that I have been given an opportunity to gain valuable professional and academic experience through participation in an internship. I have reviewed the requirements for this internship and feel confident that if I am approved to earn academic internship credit, I will be able to fulfill all job and academic duties described in a timely and professional manner. **I understand that I must work 150 hours for every 3 academic credits I earn.**

If approved for internship academic credit, I agree to:

-Comply with the rules, regulations, and requirements of the employer organization, Villanova University, and the Internship Program guidelines

-Notify the Internship Program Office immediately of any changes to my internship including but not limited to: start or end dates, work hours, employer, and duties

-Complete the **Learning Objectives** form in consultation with my internship supervisor during the first 2 weeks of my internship experience and **upload the completed form to Blackboard**

-Perform to the best of my ability those tasks assigned by my supervisor

-Submit **Activity Journal entries** **(2-3 paragraphs once a week**) throughout the course of the internship, detailing my projects, tasks, responsibilities, hours worked and the relationship of my work to my learning objectives

-Have my **internship supervisor (employer) read *and sign* my Activity Journal entries on a weekly basis**, verifying my tasks and hours worked; **upload to Blackboard by 5:00 p.m. each Friday**

-Complete the **Intern Evaluation** form upon completion of my internship and **upload to Blackboard**

-Complete a **Final Paper/Project** and **upload to Blackboard** according to the specifications detailed by my academic department (if receiving credit for a major, minor, or concentration) OR according to the specifications set by the Internship Program Office

-Notify the Internship Program Office of any questions or concerns that I have during the course of my internship.

-Conduct myself in a professional manner, including but not limited to, arriving on time, meeting deadlines, taking initiative in learning, and interacting appropriately with my supervisors and colleagues.

-Adhere to the withdrawal deadline posted on the Academic Calendar (http://www1.villanova.edu/villanova/vpaa/calendar.html)

-Understand that an academic internship is a college course where students are charged tuition. It is the student's responsibility to understand the financial consequences of dropping a course after the Drop/Add period. No tuition will be reimbursed for withdrawing from the Internship Course.

I understand that Internships during the fall and spring semesters are included in the regular tuition for the semester involved. I also understand that the tuition for a *summer internship* course is **$1149 + $15 fee = $1164 for every 3 credits**. I recognize that Villanova University does not control the way in which the internship work experience and the internship site is structured. In granting academic credit for this internship, the University has made a reasonable judgment that the experience is an appropriate option worthy of academic credit. The University makes no other assurances, expressed or implied concerning the internship.

_____ I have read, reviewed, and understand the above agreement.

_____ _____
Student Signature Date

_____ _____
Villanova Internship Program Date