Academic Internship Agreement

Form must be completed before the Academic Internship begins.

Student is responsible for obtaining 4 signatures:
- LCOB Academic Advisor
- Employer
- LCOB Internship Coordinator
- LCOB Faculty Internship Supervisor

(8/18/2014)
THE LUTGERT COLLEGE OF BUSINESS
ACADEMIC INTERNSHIP AGREEMENT

Student Intern (Please type or print in ink.)

I, ________________________________ (Student) agree to an internship agreement with
______________________________ (Employer) located in ____________ (City), beginning on
__________________ (Day and Date) and ending on ____________ (Day and Date). I am able to
work the specified hours at the designated employer location. The internship is a new
learning experience (not the student’s current employment) and may not be applied
toward service learning hours.

I understand the following assignments must be submitted to the FGCU Faculty Internship
Supervisor:

1. Weekly activity reports listing specific activities, time spent, and individual
   observations.
2. Internship Site Evaluation form (completed by student) and Student Intern Evaluation
   [http://www.fgcu.edu/CoB/internships.html](http://www.fgcu.edu/CoB/internships.html) (completed by employer) at the
   conclusion of the internship.
3. Final report clarifying the learning experiences that occurred during the internship.
   The report should include an introspective examination of the experience in light of the
   materials presented in related coursework at FGCU.
4. Additional requirements as assigned by the FGCU Faculty Internship Supervisor.

Intern Supervisor at Hosting Employer (please type or print in ink)

The above company has agreed to employ the said student for the period of time indicated.
The student and I, ________________________________ (Name and Title) will meet
weekly for discussions regarding progress. I will be responsible for the evaluations of the
student and the overall supervision and final evaluation of the intern. My phone number is
________. I am in the __________________________ Department. The Employer confirms its
commitment to not discriminate based on race, color, religion, disability, sex, age, national
origin, marital status, genetic predisposition, sexual orientation, gender identity/gender expression, or veteran status.

The student shall be considered a member of the professional staff and have the accompanying responsibilities and privileges. It is required that the student work a minimum of ______ total hours (equivalent to 3 university credit hours). The student’s schedule may vary to meet employer needs or the student’s class schedule. I understand Academic internship requires 150 to 220 hours working at an approved site for a 10 to 12 week period.

PURPOSE
The parties specified in this Agreement have determined that they have a mutual interest in providing for student learning experiences with the above Employer. Florida Gulf Coast University has determined that student placement with Employer is consistent with the goals and objectives of the curriculum and will enhance the program of study.

TERM
Effective date for the Agreement shall be the date indicated on page 2. It shall run continuously without necessity for renewal. Either party, upon written notice of at least fourteen (14) days, may terminate this Agreement.

STUDENT (Please print.)

Name ____________________________________________________________

Student UIN: ____________________

Address __________________________________________________________

City____________________________ State____ Zip_____________________

Phone _________________________ FGCU Email ________________________
EMPLOYER (Please print.)

Organization/Company Name ______________________________________________________

Department ______________________________________________________________________

Address __________________________________________________________________________

City __________________________ State _______ Zip ________________________________

Site Supervisor ________________ Title ____________________________________________

Phone __________________________ Email ____________________________________________

Internship Position Title (To be completed by the employer):

______________________________________________________________________________

NOTE: Please attach a copy of the Internship Position Description.
NOTE: Academic internship requires 150 to 220 hours working at an approved site for a 10 to 12 week period.

ACADEMIC ADVISING AND COURSE INFORMATION
Student must be qualified by their LCOB Academic Advisor. Intern must be Juniors (60 credit hours) with a minimum overall GPA of 2.5 and a 3.0 in their major.

MAJOR GPA: _____ OVERALL GPA _____ COURSE NUMBER: _____________

COURSE TITLE__________________________ CRN: _____________ CREDITS: _____________

SEMESTER: ______ SESSION: ___

Academic Advisor Signature: __________________________________________ Date________

I have read and reviewed the Internship Agreement attached:

Employer Signature ____________________________________________ Date________

Student Signature ____________________________________________ Date________

Internship Approved Florida Gulf Coast University Board of Trustees:

Internship Coordinator: __________________________ Date________

Faculty Internship Supervisor Signature __________________________ Date________

STUDENT MUST SUBMIT COMPLETED AND SIGNED FORM TO THE ADVISING OFFICE 1ST FLOOR-LCOB