

SAMPLE SITE AGREEMENT FORM

(date)

Name

Organization

Address

Re: Salem State University Internship

Dear On-site Coordinator:

Thank you for providing a Salem State University student (hereinafter "Intern") with an internship opportunity with your organization. The purpose of an internship is to complement the educational experience with opportunities for learning in a professional setting. To ensure that our students' experiences are maximized, we ask that you agree to the following and sign and return this letter to us.

1. You will designate a qualified staff member to provide supervision, direction, and guidance to the Intern and orient the Intern to your organization's policies, procedures, and regulations. Additionally, this designated staff member will serve as the point of contact for the University faculty supervisor, who will request that you evaluate the student's work for your organization over the course of the internship.
2. You will not disclose student evaluation records to any third party beyond the student's faculty supervisor without first obtaining the prior written consent of the student in compliance with FERPA.
3. You will comply with all local, state and federal laws and guidance, including but not limited to safety matters, which may include providing PPE or masks or ensuring that individuals maintain adequate physical distances.
4. You will not discriminate against any Intern on the grounds of race, color, religion, national origin, age, disability, gender, sexual orientation, gender identity, gender expression, genetic information, marital or parental status, or veteran status.
5. Please provide the following information:
 - a. The specific location(s) where the student will complete the internship:-

 - b. The internship start date: _____
 - c. The internship end date: _____
 - d. Total hours to be completed per week:
 - e. Total hours to be completed by the end of the internship:

f. The student's planned schedule (e.g., "M/W/F, 12 – 3 p.m.") if known. (If not known, this form will be updated closer to the time of the start of the internship):

Proposed schedule:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start time							
Break (if applicable)							
End time							

g. Internship description: In the space below or on an attached sheet, describe the duties the student will be expected to perform during the internship. These duties should be clearly related to the student's area of study. Also describe any training or orientation interns are expected to complete at the start of the internship.

h. The stipend, wages, or other compensation (transportation costs, etc.) to be provided, if any:

6. The faculty supervisor, the on-site coordinator, and the student will work together to ensure a positive internship experience and work together to deal with any issues which may arise.
7. The name and contact information of the student's on-site coordinator:

Thank you again for your willingness to host a Salem State University Intern in your organization.
I understand, acknowledge and agree with the statements contained in this letter.

Signature

Date

Name (please print)

Internship Site Name (please print)

APPLICATION FOR AN INTERNSHIP (UNDERGRADUATE)

Registration for an Internship must be completed no later than the end of the official ADD/DROP period. No student should begin an internship prior to officially registering. Completed application for an internship, including appropriate signatures, and required supporting documents must be on file at the Registrar's Office, prior to the student's registration.

Day ☐

Continuing and Prof Studies ☐

Student's Name _____ ID# _____

Address _____ Telephone _____

E-Mail _____ Degree Program _____

Major _____ Class Year _____ Course # _____

Course Title _____ Number of Credits _____

Instructor _____ Department _____

Why an Internship?

Internship will begin: FALL ☐ SPRING ☐ SUMMER I ☐ SUMMER II ☐ FULL SUMMER ☐

Internship will be completed in: One Quarter ☐ One Semester ☐ One Year ☐

Company Name/Department _____

Site Location Address _____

On-site Coordinator Name _____ On-site Coordinator Phone # _____

On-site Coordinator Email Address _____

Tuition and fees for an internship through Continuing and Professional Studies cannot be waived. All summer internships are offered through the School of Continuing and Professional Studies.

Student's Signature _____ Date _____

Instructor's Signature _____ Date _____

Chairperson's Signature _____ Date _____

Dean's Signature _____ Date _____

The Chairperson and Dean signatures are always required. The chairperson and dean of the subject matter must sign. (e.g., ACC485 = Accounting & Finance chairperson and Bertolon School of Business Dean). For day division internships the dean of the College or School of the course must sign. For Continuing and Professional Studies courses the Dean of Continuing and Professional Studies must sign.

Attached:

___ Site agreement

___ Learning agreement

___ Any additional departmental paperwork: _____