



Lyndon State College Internship Program

# Internship Contract

## Student Information

Student Name:

Student ID:

Mailing Address During Internship:

E-Mail Address:

Class Year:  Fr  So  Jr  Sr

## Course Information

Faculty Supervisor:

Grade Type:  Letter Grade  Credit

Semester & Year:

Course Number

Credit Hours  
(50 work hours is equal to 1 credit)

Total Working Hours:

Beginning Date:

End Date:

## Work Site Information

Internship Supervisor Name & Title:

Name & Address of Work Site:

Supervisor Phone:

Supervisor E-Mail:

*Note to students and instructors: All information and signatures must be provided before this form will be accepted. This form constitutes a learning contract but does not confirm registration in the course. Internship courses are subject to the same academic regulations as those governing other courses, (including course registration), summer registration form or by an "Add Slip" before the end of the add deadline—ordinarily the first two weeks of the semester.*

*The Academic Dean or a designee must approve all Internship Contracts.*

**A) Learning Objectives:**

- 1)
- 2)
- 3)
- 4)

**B) Activities:**

- 1) Meet with faculty instructor as follows:
- 2) Hours per week at work site:
- 3) Job Description (can be attached if needed):

**C) Student's Responsibilities:** All students shall be responsible for the Initial Report, Biweekly reports, Self-Evaluation and Final Reports. Please list other responsibilities if applicable:

**D) Evaluation Criteria:** A student's grade will be based on the work site supervisor's evaluation of overall performance and the faculty instructor's evaluation of the reports. Other criteria:

**Please PRINT COMPLETED contract and collect valid signatures. Cannot use the same signature on all three lines. Submit to Career Services in LAC 323.**

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Student Printed Name / Signature (Agreement to above conditions) Date

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Faculty Supervisor's Printed Name / Signature (Agreement to above conditions: will provide instruction) Date

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Faculty Advisor's Printed Name / Signature (Course is relevant to student's academic course study) Date

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Dept. Chairperson's Printed Name / Signature (Course of instruction is acceptable) Date

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Career Services Approval, Printed Name / Signature Date



**Lyndon State College Internship Program  
Memo of Understanding**

**Purpose:** Lyndon State College's Internship Program provides an educational strategy whereby students complement their academic preparation with direct practical experience. The effort to combine a productive work experience with an intentional learning component is a proven method of promoting the academic, personal, and career development of students. This memo of understanding specifies general responsibilities of the parties involved: Student, Site Supervisor, and College.

**Responsibilities of Lyndon State College:**

- 1) Encourage the student's productive contribution to the overall mission of the Site Sponsor;
- 2) Certify the student's academic eligibility to participate in an internship agreement;
- 3) Establish guidelines and standards for the conduct of its co-op/internship program and to make guidelines and standards available to the Site Sponsor;
- 4) The College will oversee the internship progress to include coordination, visits, supervision of the student and the awarding of credit;
- 5) Maintain communication with the Site Sponsor and clarify College policies and procedures;
- 6) Will maintain the confidentiality of any information designated by the Site Sponsor as confidential;
- 7) Will maintain general liability insurance in an amount not less than one million dollars. The College will provide evidence of such insurance coverage to the Site Sponsor upon request;
- 8) Enforce any additional rules and procedures that are mutually agreed upon in advance in writing between the College and the Site Sponsor.

**Responsibilities of the Site Supervisor:**

- 1) Will be the principle agent for providing experiential learning;
- 2) Designate an employee to serve as the student's advisor with responsibilities to help orient the student to the site and its cultures, to assist in the development of learning objectives, to confer regularly with the student and his/her faculty supervisor and to monitor the progress of the student;
- 3) Will complete signed bi-weekly reports, a midterm evaluation and a final evaluation of the student's work performance, and will submit these evaluations to the Lyndon State College faculty supervisor;
- 4) Make available equipment, supplies, and space necessary for the student to perform his/her duties;
- 5) Provide a safe working environment'
- 6) Will not displace regular workers with students secured through co-op/internship referral;
- 7) Will not discriminate in employment policies or practices on the basis of race, creed, sex, color, national or ethnic origin, marital status, religion, age or qualified handicap;
- 8) Allow a faculty representative to visit the worksite to confer with the student and his/her supervisor
- 9) Will contact the college's faculty supervisor as early as possible if a problem arises during the internship;
- 10) Will maintain general liability, a professional liability and worker's compensation insurance in amounts acceptable to the college. The Site Supervisor will provide evidence of such insurance coverage to the college upon request.

**Responsibilities of the Student:**

- 1) Maintain student status and abide by the regulations, policies and practices of both the internship site and the college;
- 2) Adhere to the standards of the profession and act accordingly;
- 3) Strive to learn as much as possible from the Site Supervisor regarding job experience, work attitude and skill development;
- 4) Honor the confidentiality of any information about individuals, students, staff or internship site;
- 5) Utilize supervision and be open to direction and constructive criticism;
- 6) Take responsibility for the preparation and readiness to contribute effectively to assigned tasks;
- 7) Complete bi-weekly reports;
- 8) Complete a final self-evaluation, final report or other pre-determined evaluation criteria;
- 9) Contact the college faculty supervisor if there are questions or concerns related to the internship;
- 10) Maintain personal health, accident, disability, and hospitalization insurance coverage.

**Terms of Internship Arrangement:**

The Internship Site or the College reserves the right to terminate the internship experience at any time for just cause. However, consultation between both parties will take place prior to such action. Should termination occur at the Site's request, the Site Supervisor will provide the Lyndon State College faculty supervisor with an evaluation of the student's work performance prior to termination and an official letter regarding the reason for termination. The College may request termination of the arrangement for any student not complying with College guidelines and procedures for the Internship Program.

The signatures below indicate that the persons so named have read this form and agree to its terms. Please return a signed copy to Career Services, Lyndon State College, P.O. Box 919, Lyndonville, VT 05851

Student Name:

Starting Date:

Ending Date:

Site Name:

Site Mailing Address:

Name of Site Supervisor:

Signature of Site Supervisor: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Student: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of College: \_\_\_\_\_

Date: \_\_\_\_\_