

This form must be signed by:

EMPLOYER
INSTRUCTOR
STUDENT



Academic Internship Agreement

The purpose of this agreement is to ensure that there is a mutual understanding between participants (student, employer, and college) of the goals, objectives, and conditions of training relating to participation in The College of the Florida Keys' (CFK) Academic Internship Program.

Student/Employee: _____ Date: _____

Student ID#: _____ Program of Study: _____ Term/Year: _____

Employer: _____

Address: _____

Supervisor Name/Title: _____ Phone: _____

Supervisor Email: _____

Internship Position or Title: _____ Credit hours requested _____

The above named student desires to work for the employer according to the terms indicated as a CFK Academic Internship. As a result of the three way partnership, CFK the employer and the student agree as follows:

It is an organization's responsibility to ensure that they are in compliance with all relevant state and federal laws including the Fair Labor Standards Act.

The employer will provide job supervision, orientation regarding company rules and regulations, and varied work experiences related to the student's career interest. The employer agrees to complete an evaluation report at mid-semester and at the end of the work period. The employer agrees to permit on-site visits by a college representative, and assure a safe and healthful work environment. The employer is in no way obligated to continue the student's employment or give preferential treatment as a result of the agreement. Employer Mentors are considered CFK volunteers and are therefore able to access student information in accordance with all FERPA regulations.

CFK agrees to monitor the progress of the student, make arrangements for onsite visits with the student and their supervisor, determine a grade and award college credit for the Academic Internship based on the student's agreed evaluation and assessment criteria and completion of required reports. The college agrees to notify the employer immediately if the student withdraws from the program or the college.

The student agrees to register for the appropriate course credit for the Academic Internship. The student agrees to abide by the rules and regulations of the college and the employer, and immediately inform the internship coordinator of any problems on the job or changes in job duties and responsibilities. The student agrees to remain employed for the duration of the semester, and to display a positive and professional attitude and work ethic while on work assignment.

Company Name: _____ Employer Signature: _____

Student Name: _____ Student Signature: _____

Student ID#: _____ Date: _____

Subject Matter Expert Name: _____ Subject Matter Expert Signature: _____