UB Career Services Sophomore Internship Program - Contract

Return to:
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buffalo.edu/career/Students/Internships/Internships/Sophomore_Internship_Program.html

CONTRACT

This form is to be completed AFTER an internship offer has been made. All information therein is to be read and completed by both the SUPERVISOR and the STUDENT. Once this form has been submitted, by the student, to Career Services, upon approval, the student will be registered for academic credit (UBE 496).

Student Name: ________________________________________________________________

UBIT Name: _________________________

Internship Position Title: ______________________________________________________

Organization: ________________________________________________

SUPERVISORS:

As an internship supervisor registered with the UB Career Services Sophomore Internship Program, I understand:

1. I have reviewed the student candidates’ qualifications, selected an intern, and assigned projects without regard to age, race, gender, national origin, religion, disability, color, or marital status.

2. I agree to act as (or appoint) an onsite supervisor who will be responsible for supervision, mentorship and activities of the intern while on-site. I also agree to discuss the intern’s work with the intern and to provide feedback and suggestions as necessary.

3. Learning Objectives: I will provide meaningful work of educational value in the project areas for which the internship is designed (marketing, researching, writing, etc.). The student intern will have, hands-on work, experience, a leadership experience with the leadership team, exposure to the agency board of directors, and on-going contact with agency executives. Basic administrative responsibilities will not exceed 20% of the intern’s time.

4. I agree to report any changes, concerns, or questions I may have regarding the intern or internship experience directly to the UB Career Services Sophomore Internship Program administrative director.

5. I agree that my relationship with the intern will remain professional at all times.
6. I agree to provide feedback to the intern throughout the internship experience regarding their performance. I understand the UB Career Services Sophomore Internship Program prefers an on-line evaluation to be completed at the end of the academic semester for which my intern(s) is registered (UB does not expect disclosure of proprietary organization information).

7. I understand that the intern, as a matriculated UB student, is expected to be covered by his or her own comprehensive health insurance.

8. I understand that it is the policy of the State University of New York, of which UB is a part; that UB is not responsible for the independent actions of a student intern and will not sign any hold harmless agreements. I also understand that this statewide policy is in accordance with the policies outlined by the Cooperative Education and Internship Association (CEIA), the National Association of Colleges and Employers (NACE) and the National Society for Experiential Education (NSEE).

**STUDENTS:**

As a currently enrolled University at Buffalo student and by signing this contract, I understand:

1. I will earn 3 academic credits during this internship experience, for which I will complete a minimum of 120 hours of internship work and all academic assignments as described in the UB Career Services Sophomore Internship Program Syllabus.

2. I am a University at Buffalo student (having completed at least 30 credit hours) prior to the time I undertake the internship.

3. As an undergraduate student, up to 6 Sophomore Internship Program credit hours, (2 internship experiences times 3 credits per internship) can be applied to the total number of hours I need for degree completion.

4. Internship credit may not automatically count toward earning my core requirements.

5. UB Career Services Sophomore Internship Program reserves the right to reject any internship arrangement or content that falls outside of the parameters of the program. Special requests must be presented to the UB Career Services Sophomore Internship Program administrative director in advance of this contract.

6. I will not resign from my internship without first consulting with the UB Career Services Sophomore Internship Program administrative director. If I am having trouble with any aspect of my internship I will contact UB Career Services staff immediately for assistance.

7. I will receive a letter grade for this course. A “low” grade will produce negative GPA implications for me.

8. As a current, matriculated UB student, I have sufficient health insurance coverage and will be covered during the duration of this internship. I understand that there is no expectation regarding future
employment with my internship organization and I will not be entitled to unemployment compensation benefits upon completion of my internship.

9. International Students: As an international student, I must be approved for Curricular Practical Training (CPT) in order to begin the internship experience. I must also submit the employer’s offer letter, which states expected work load (number of hours per week not to exceed 20 per week during regular semesters and 40 hours per week during summers) as well as start and end dates. I am only allowed to participate in a maximum of two internship experiences, and then only under extraordinary circumstances (thus, only two CPT requests allowed).

10. As a representative of the University at Buffalo and the UB Career Services Sophomore Internship Program during my internship I will:

- Dress appropriately for the work place as defined by the employer’s dress code
- Demonstrate respect, dependability, and cooperation with my supervisor and co-workers
- Ask questions to identify/clarify any confusion regarding my internship responsibilities
- Maintain a strictly professional relationship with my supervisor and co-workers
- Refrain from the consumption of alcohol and/or drugs while engaged in activities related to my internship, including off-site meetings or gatherings with supervisor and/or co-workers
- Adhere to organizational policies including confidentiality of personnel, projects and research
- Strive to understand what constitutes a permissible work absence and who to notify if absent
- Report changes in schedule, supervision, or problems with my internship or personal problems interfering with my ability to complete my internship to the UB Career Services Sophomore Internship Program administrative director

REQUIRED SIGNATURES:

I have fully read, understand, and agree to all of the above statements:

Agency ________________________________________________________

Supervisor ___________________________________ Date ___________

Please print name _________________________________

Student Intern ___________________________________ Date ___________

Please print name _________________________________

UB Career Services Sophomore Internships administrative director

___________________________________ Date ___________
COMPLETE CONTACT INFORMATION

Employer (Internship Supervisor) Information:

Supervisor Name (Please Print) ________________________________________________________

Supervisor’s Title ___________________________________________________________________

Organization Name ___________________________________________________________________

Address _____________________________________________________________________________
__________________________________________________________________________________

Location of internship (if different from above) _____________________________________________

Email _____________________________________________________________________________

Tel. (_______) _____________________ x____________________

Student Information:

Please complete the form and all questions below in full.

Student Name (Print) _______________ _______________________________________________

UBIT name:__________________________

Address _____________________________________________________________________________
__________________________________________________________________________________

E-mail _____________________________________________________________________________

Tel. (________) _____________________

Major/Intended Major ___________________ ______________________________________________

Place an “x” in the space next to the correct answer:

• Are you an international student?* _____Yes _____No

*If you answered yes to the above question, an offer letter presented on company letterhead must be submitted with this contract including:

(1) Start and end dates of internship and (2) hours to be worked per week;

NOT to exceed 20 hours per week during Fall and Spring semesters, or 40 hours per week during the summer.

OFFICE USE ONLY: Today’s Date __________ Application _____ Registration .. _____ CPT letter .. n/a

Thanks to the UB School of Management Credit Bearing Internship Program for their assistance in creating this document.