Liberal Arts and Sciences Internship – IDS4940

This form represents one step in a two-step application process. All steps must be completed by the application deadline: May 11th, 2017. The full internship course application process includes:

**Step 1. Application Form** [this form] – to be completed by you and your supervisor. Note that to qualify for credit, the internship MUST be for 150 hours over a period of no fewer than 8 weeks during the term. Scan the completed form and email the digital copy to the College of Liberal Arts and Sciences Academic Advising Office (Internship@advising.ufl.edu). If you cannot scan this document, submit the hardcopy to us at Farrior Hall or by fax to 352-392-2905.

**Step 2. Email Notification** – You will be notified via your GatorLink e-mail whether or not your internship position is approved to earn credit. If approved, IDS4940 will automatically be added to your schedule.

I. **STUDENT INFORMATION** - To be completed by the student

Name _______________________________________________ UFID _______________________________________

Email _______________________________________________ Phone _______________________________________

Company Name & Internship Title ________________________________________________________________

Start Date ______________________ End Date ____________ Hours Per Week ______________________

**Student’s Goals/Learning Objectives for the internship:** What do you intend to learn through this experience?

Learning Activities: Describe how your internship will enable you to meet your learning objectives. Include projects, research, report writing, meetings, etc., that will be a part of your internship, relating them to your learning objectives.
II. EMPLOYER LEARNING AGREEMENT - To be completed by the Internship Supervisor. Please print.

Supervisor’s Name __________________________________________________________________________________
Supervisor’s Phone ___________________________ Email ____________________________
Company/Organization ____________________________________ Department ____________________________
Address of Internship Location _________________________________________________________________________
Internship Start Date _________________ End Date _____________________ Hours Per Week ___________

The intern will work alongside me, the supervisor, in a space designated for the intern on my business premises where I will provide direct and daily supervision. Please initial to confirm: ______________

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<th>Intern’s Responsibilities and Duties</th>
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**Supervision**: Describe the supervision to be provided by your organization. What kind of orientation, instruction, consultation, feedback, assistance, and/or mentorship will the student receive?

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III: AGREEMENT & CONSENT - To be signed by Internship Supervisor and Student.

**Internship Supervisor:** In signing below, I, the supervisor, verify the following:

- my organization is an established for-profit, nonprofit or governmental entity recognized as such within my professional community;
- my organization is bonded and/or holds sufficient business and liability insurance to cover students interning with my organization and on my business premise;
- my organization has a professional, informative website at which students can research my organization;
- my organization complies with the Department of Labor’s Fair Labor Standards Act and my internship pays a fair wage, a legal stipend or meets each of the six criteria outlined by the Department of Labor for an unpaid internship [explore the FLSA criteria at http://1.usa.gov/9HJ8Eh];
- I will communicate with my interns using my organization’s professional email address (no gmail, yahoo, etc.);
- I will provide my interns with direct and daily supervision and guidance in person and I will be accessible to my interns on a regular basis;
- I will provide work space for my intern with the necessary resources to complete the internship duties and course requirements;
- I will assign meaningful learning tasks/projects that are consistent with the internship description;
- I will complete student midterm and final evaluations as required by the internship course; and
- my interns will be working in a professional, established working environment (home-office sites and virtual/work from home or “in the field” internships are not eligible for this course).

Supervisor signature: ___________________________ Date: ____________________

**Student:** In signing below, I, the student intern, acknowledge and accept the following:

- I understand that The University of Florida has no control over any hazards to which I may be exposed during the internship and I do not hold the University liable for any accidents that may occur;
- I will adhere to all personnel rules, regulations, and other standard requirements of the host organization;
- I have appropriate computer and internet access at the site to complete all assignments;
- I agree with all components of the Learning Agreements and agree to carry out the objectives, strategies and methods of the agreement promptly and to the best of my ability;
- I authorize The University to confirm my course enrollment status with my internship supervisor;
- I understand and agree to the grading policy for this course, and I understand that it is my responsibility to track the progress of my grades during the course;
- I have read the syllabus and understand that within the specified date range: I must complete the internship; I must complete the agreed upon weekly hours; and I must properly complete the course assignments to pass this course; and
- I understand that if I fail to adhere to this agreement, I will not receive a passing grade or the corresponding academic credit for this course.

Student signature: ___________________________ Date: ____________________

**COURSE CONTACT INFORMATION**

College of Liberal Arts and Sciences, University of Florida
Farrior Hall | 100 Fletcher Drive, Gainesville, FL 32611
352.392.1521 | Internship@advising.ufl.edu | https://www.advising.ufl.edu/lsinternship