

ILIC Student Internship Agreement
(Students: Please print out and hand into Michael Johnson)

_____ agrees to complete a minimum of one hundred and
(Student name & ID#)
thirty-two hours of supervised work experience with _____ during
(company name)
the _____ quarter in order to meet the requirements for an internship in _____
(quarter & year) (program)
and obtain four hours of credit toward the degree. The Internship will begin on _____
(date)
and will end on _____ and be performed as a requirement for _____
(date) (class title and code)
_____ class under the supervision of _____
(Instructor Name)

The Student Agrees to:

- Complete all work assignments given by the on-site supervisor in the proscribed manner.
- Follow the standards of professional practice set by the on-site supervisor.
- Keep a detailed weekly journal detailing job assignments and responsibilities and submit journals to supervising instructor as instructed. Student will arrange individual meetings with instructor to discuss progress and final presentation.
- Complete a final paper to be submitted the 11th week discussing educational value of the internship, the impact of the student's career goals, and how concepts learned in the classroom were actually applied during the internship.
- Conduct an oral presentation highlighting the intern's experiences, both positive and negative. Presentation boards, videos, handouts, and other visuals are encouraged.

Student's Signature

Date

As the onsite supervisor, _____, Agrees to :

- Assign responsibilities that will enable the student to develop a variety of professional skills in his or her field and contribute in meaningful ways to the operation of the firm
- Make clear what the expectations are for the professional performance.
- Fill out and return a final evaluation (used to determine final grade).
- Provide 132 hours of internship experience during the course of the students quarter.

On-Site Supervisor's Signature

Date

In the event the student fails to perform acceptably, the supervisor will contact the Career Services department (312-280-3500x6857) or the Academic Director for the interns major. This internship may be terminated at any time by the on-site supervisor or the Academic Department Director.

Supervising Instructor

Date

Academic Department Director

Date

Internship Agreement Information Sheet

(This Form must be completely filled out and accompany the Internship Agreement)

Student Name and ID #:

Name of Company:

Type of business:

Address of Company

City, State, ZIP

Phone

Fax

Name of on-site supervisor:

Email address of on-site supervisor

Title of student while performing internship

Paid or Unpaid? (If paid, what is the salary and when it is paid? i.e. \$7.00/hr-every other week)

How would you like us to send future communications, including internship evaluations?

_____ E-Mail

_____ Facsimile

_____ Standard Mail

Duties student will be performing while acting as an intern:
