

UNIVERSITY of PUGET SOUND

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Summer Immersion Internship Program Agreement

Experiential Learning, University of Puget Sound

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www.pugetsound.edu/academics/experiential

Student Information

Name:	Puget Sound ID:
E-mail:	Phone:
Start date:	End date:

Student: I accept the internship assignment indicated in this agreement. I agree to complete all activities promptly and to the best of my ability and participate fully in the seminar and reflection activities. Further, I agree to become familiar with and to adhere to the internship's organizational policies, procedures and functions and to appropriate standards of ethical conduct.

Signature: _____ **Date:** _____

Summer Immersion Internship Program Contact

Renee Houston, Associate Dean of Experiential Learning

Email: rhouston@pugetsound.edu Phone: 253.879.3332

SIIP Contact: I have reviewed the intern's learning plan and support the student in pursuing this internship.

Signature: _____ **Date:** _____

Internship Site Information

Organization:	Website:
Internship Site Supervisor:	Title:
Street Address:	City: State: Zip code:
E-mail:	Phone:
Internship Title:	Weekly Schedule:

Internship Supervisor: I have discussed the assigned responsibilities which appear on this agreement and are educational in nature. I agree to provide the intern with an orientation concerning relevant organizational policies, procedures and functions, to meet with the intern regularly, and to be available for counsel, advice, and to offer feedback for the duration of the internship. I agree to conduct a performance appraisal of the student and to welcome a visit from a university official if requested.

Signature: _____ **Date:** _____

IMPORTANT NOTES: *Organizations have an assumed obligation to provide a fair and safe environment for workers and non-workers. If an organization unlawfully discriminates or acts negligently and injury occurs, they may be liable. Students who accept an internship also accept normal risks of their internship responsibilities. This agreement becomes effective when all of the following have occurred: 1) the completed form has been signed by student, internship site supervisor, and SIIP contact, and 2) the original form is received by the office of Experiential Learning. Revisions and additions may be made by mutual consent of all parties.*

Mentor Information

Name:	Organization & Position:
E-mail:	Phone:

Internship Duties and Responsibilities

Internship description: *Provide (or attach) a detailed list of primary responsibilities/duties/projects/tasks/training. Be specific and include the following:*

- *A list of the specific responsibilities and tasks relevant to the intern's expectations*
- *The criteria used by the supervisor to evaluate the intern's performance*
- *The day and time during the week that the student will meet with the supervisor to review performance and progress toward the learning objectives*