

James Madison University
Department of Integrated Science and Technology
Geographic Science Program

INTERNSHIP TRAINING AGREEMENT

DIRECTIONS: The student should fill in the following blanks with complete and accurate information. The Work Schedule on page two should be completed in consultation with the internship provider. This agreement must be signed by the student, the internship provider and the internship coordinator by the beginning of the internship.

STUDENT'S NAME _____ JAC Card Number# _____

STUDENT'S ADDRESS _____

PHONE _____

INTERNSHIP PROVIDER _____

PROVIDER'S ADDRESS _____

IMMEDIATE SUPERVISOR _____ PHONE _____

AGREEMENT

THE STUDENT AGREES TO...

1. Fulfill his/her agreement to report to work on the assigned days and hours.
2. Understand that the internship provider must profit from the student's assignment in order to justify working with him/her and providing him/her with internship training.
3. Perform all assigned tasks to the best of his/her ability.
4. Be available for consultation with the internship coordinator.

THE INTERNSHIP PROVIDER AGREES TO...

1. Provide the intern with practical work experience of professional relevance.
2. Assign work to the intern in accordance with courses studied at James Madison University.
3. Be willing to provide a mutually agreed time for the internship coordinator to meet with the student intern and the internship provider.

THE PROVIDER AGREES TO: (continued)

4. Discuss with the internship coordinator any misunderstandings or termination of the internship before taking action.

5. Assist the internship coordinator in preparing an appraisal of the student intern's performance.

THE INTERNSHIP COORDINATOR, ON BEHALF OF JAMES MADISON UNIVERSITY, AGREES TO...

1. Be available for consultation at mutually agreed times, with the other signatories of this agreement.
2. Make every effort to visit, by mutually agreed appointment, the student intern and the internship provider at the work place.
3. Meet and/or talk with the internship provider to evaluate the student's performance.

WORK SCHEDULE

Internship Begins: _____ Ends: _____

Anticipated Work Days (PLEASE CIRCLE):

Monday Anticipated Work Hours: From: _____ AM/PM To: _____ AM/PM

Tuesday Anticipated Work Hours: From: _____ AM/PM To: _____ AM/PM

Wednesday Anticipated Work Hours: From: _____ AM/PM To: _____ AM/PM

Thursday Anticipated Work Hours: From: _____ AM/PM To: _____ AM/PM

Friday Anticipated Work Hours: From: _____ AM/PM To: _____ AM/PM

CONDITIONS OR COMMENTS ON WORK SCHEDULE (PLEASE NOTE ANY ANTICIPATED IRREGULARITIES IN THIS SCHEDULE)

SIGNATURES

STUDENT INTERN _____

DATE _____

INTERNSHIP PROVIDER _____

DATE _____

INTERNSHIP COORDINATOR _____

DATE _____