**RESPONSIBILITIES OF THE UNIVERSITY**

1. Approve student selection of the Entity and for registration in the internship course.
2. Provide liability coverage for students enrolled in the internship course.
3. Provide an internship coordinator to act as liaison between the academic department and the Entity who will:
   1. Maintain communication with the Entity and the intern.
   2. Assign the appropriate grade/credit for the internship course.
   3. Instruct students on the importance of confidentiality with respect to any services the Entity may provide its clientele.

**RESPONSIBILITIES OF THE ENTITY**

1. Designate a staff member responsible for coordinating, directing and supervising the intern’s experience. Such expectations include, but are not limited to, the following:
   1. Communicate with the internship coordinator as needed.
   2. Conduct evaluations of the intern in accordance with University expectations.
   3. Arrange for professional working space and appropriate facilities, as needed.
   4. Provide sufficient amount of work hours to complete internship expectation.
   5. Notify the internship coordinator of any situation that may prevent the intern from successfully completing the internship.
   6. Orient the intern to all applicable policies and regulations of the Entity.

**RESPONSIBILITIES OF THE STUDENT**

1. Comply with all Entity policies and procedures concerning employee behavior and performance.
2. Submit all documents as required by both the University and the Entity as they relate to the application for, and completion of, the internship.
3. Complete the expected number of clock hours with the Entity as determined by the credits to be earned through the internship.
4. Behave in a manner that reflects the highest degree of ethical and professional conduct while performing the internship.
5. Report to the internship coordinator any conditions or occurrences that do not meet the professional expectations of the internship.



This agreement establishes a relationship between Eastern Illinois University (referred to as the University) and

the cooperating entity

(referred to as the Entity).

NAME OF COOPERATING ENTITY

STUDENT NAME

STUDENT PHONE

STUDENT EMAIL

NUMBER OF CREDITS

NUMBER OF CLOCK HOURS

ENTITY SUPERVISOR

ENTITY STREET ADDRESS

CITY

STATE

ZIP

START DATE

END DATE

**I.**

**II.**

**III.**

**UNDERGRADUATE INTERNSHIP AGREEMENT FORM**

STUDENT’S EIU DEPARTMENT NAME



STUDENT SIGNATURE

I understand that by checking this box, the above constitutes a legal signature

DATE

ENTITY SUPERVISOR SIGNATURE

I understand that by checking this box, the above constitutes a legal signature

DATE

DEPARTMENT INTERNSHIP COORDINATOR SIGNATURE

I understand that by checking this box, the above constitutes a legal signature

DATE

DEPARTMENT CHAIRPERSON SIGNATURE

I understand that by checking this box, the above constitutes a legal signature

DATE

UNIVERSITY DEAN, HEALTH & HUMAN SERVICES SIGNATURE

DATE

UNIVERSITY VICE PRESIDENT OF BUSINESS AFFAIRS SIGNATURE

DATE

Upon Dean and Vice President approval, please return

Agreement to the Internship Coordinator.

Internship Coordinator, please submit electronic copy of completed

Agreement to Career Services at the following email address [**careers@eiu.edu**](mailto:careers@eiu.edu).

**UNDERGRADUATE INTERNSHIP AGREEMENT FORM**