

**Illinois Valley Community College**

**INTERNSHIP AGREEMENT**

*(Form to be completed and returned to the program instructor at the beginning of internship.)*

NAME OF STUDENT \_\_\_\_\_

STUDENT E-MAIL ADDRESS \_\_\_\_\_

PROGRAM TITLE \_\_\_\_\_

**EMPLOYER'S NAME, ADDRESS, AND PHONE NUMBER**

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State

\_\_\_\_\_  
Contact Name & Title

\_\_\_\_\_  
Phone Number

The \_\_\_\_\_ agrees to provide  
Name of Organization

an internship experience for the above student to work as a

\_\_\_\_\_  
Job Title

# Illinois Valley Community College

## INTERNSHIP AGREEMENT

IT IS FURTHER AGREED:

1. The internship will begin on \_\_\_\_\_, 20 \_\_\_\_ and terminate on \_\_\_\_\_, 20 \_\_\_\_.
2. The student will be employed as an intern for a minimum of \_\_\_\_\_ hours a week.
3. The student will be given the opportunity to experience a wide variety of on-the-job experiences as part of the internship.
4. The student will prepare a final report outlining the benefits and drawbacks to the internship experience.
5. The college program instructor shall reserve the right to withdraw a student from the internship after consultation with the employer and the student.
6. All local, state, and federal laws will be observed.
7. Wages (if any) to be paid to the intern will be agreed upon by the employer and the student.
8. Safety instructions by the employer shall be an integral part of the internship experience.
9. The employer recognizes the importance of education for the student and will encourage the student to continue his or her education to completion of the certificate or degree.
10. The student shall abide by the rules, regulations, and policies of the employing organization and Illinois Valley Community College.

**Please describe, in the space below, what job responsibilities the intern will have and experience during the internship.**

**THE UNDERSIGNED HAVE READ, UNDERSTOOD, AND DO AGREE TO THE PROVISIONS OF THIS DOCUMENT.**

Student \_\_\_\_\_ Date \_\_\_\_\_

Employer \_\_\_\_\_ Date \_\_\_\_\_

College Program Coordinator \_\_\_\_\_ Date \_\_\_\_\_