



Chadron State College
INTERNSHIP PROGRAM
Training Agreement

FOR OFFICE USE ONLY:
Course:
Credit Hours:
Term:

NOTE: This is not a legal contract. It is an agreement which may be terminated at any time by any party to the agreement. The purpose of this agreement is to assure that there is joint understanding of the goals and objectives of the Internship Program.

\_\_\_\_\_ will work approximately \_\_\_\_\_ hours during the period beginning on or about \_\_\_\_\_ and ending on or about \_\_\_\_\_. If applicable, starting wage for this position will be \$\_\_\_\_\_.

Number of credits to be granted for successful completion of this work experience will be \_\_\_\_\_.

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INTERNSHIP SITE

The internship site supervisor agrees to train the student under the same conditions and rules that govern other employees and to provide job supervision and varied work experiences. The supervisor agrees to aid in the evaluation of the student. The supervisor is in no way obligated to offer the student employment or give preferential treatment because of this agreement.

\_\_\_\_\_  
(Please PRINT Name of Internship Site)

\_\_\_\_\_  
(Please PRINT Address of Internship Site)

\_\_\_\_\_  
(Phone)

\_\_\_\_\_  
(Supervisor's E-mail Address)

\_\_\_\_\_  
(Please PRINT Supervisor's Name - Attach business card if available)

\_\_\_\_\_  
(Signature of Supervisor)

\_\_\_\_\_  
(Date)

\*\*\*\*\*
STUDENT

The student agrees to abide by the policies of the Internship Program. The student agrees to perform diligently the work experiences assigned by the employer according to the same company policies and regulations as apply to regular employees. The student is responsible for turning in all assignments at the required times and for allowing an evaluation of his/her job performance. The student is aware that if he/she should leave the job without prior approval of the Director of Internships, or if his/her conduct on the job results in being discharged, he/she will be withdrawn from the work experience and be given a failing grade.

\_\_\_\_\_  
(Please PRINT Name)

\_\_\_\_\_  
(Phone)

\_\_\_\_\_  
(Please PRINT Student's Mailing Address During Internship)

\_\_\_\_\_  
(Signature of Student)

\_\_\_\_\_  
(Date)

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CHADRON STATE COLLEGE

The Internship Office and Faculty Advisor will guide and coordinate the student's internship job training. They will assist the site supervisor with matters related to the student's internship experience.

\_\_\_\_\_  
(Signature of Faculty Advisor)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Internship Office)

\_\_\_\_\_  
(Date)