

DEPARTMENT OF MANAGEMENT/MIS
Internship Program Memorandum of Understanding

PART 1 – STUDENT AGREEMENT

I, _____ agree to:
(print name)

- Comply with the organization's policies
- Complete requirements as outlined by my Faculty Internship Advisor
- Remain enrolled at UWF for the duration of the Internship
- Notify Academic Advisor if the Internship ends early, or if significant changes in the responsibilities or learning objectives occur.

Student Signature

E-Mail

Daytime Phone Number

UWF- ID

(Departmental Use Only)

Course #

Credit Hours

GPA

Academic Advisor

Date

Faculty Internship Advisor

Date

PART 2 – EMPLOYER AGREEMENT

Employer Agrees To:

- **Provide student with management training needed to carry out responsibilities successfully.**
- **Evaluate and discuss the Intern's performance at the end of the Internship.**

Company Name

Address

Supervisor's Name

Phone Number

Internship Title and Department

Start Date: _____

End date: _____

Pay Rate: _____

Hours/Week: _____

Please attach a detailed job description. It must be written on company letterhead and signed by the Intern's supervisor.