

Internship Work Agreement

Student Name:			SSN:		
Employer Name:			City:		
Start DateProjected End		_Projected End Date: _	Internship Course	Number:	
Check a	all items that are	e appropriate to your into	ernship work assignment:		
			rientation session with my academ re all instructions, questions, and r		
	I will register for the appropriate internship course and pay fees by the deadline date each semester.				
	My term project/journal will arrive in my academic advisor's office by the deadline date as provide by my advisor. If it arrives late, my grade will be in jeopardy.				
	I understand how often I need to contact my advisor while on assignment.				
	If I decide to change my work assignment at any time, I <i>must</i> first notify my academic advisor for instructions <i>before</i> I take action.				
	If I work during the summer semester with my intern employer, I may need to be registered with TTU. I have discussed this with my advisor.				
	I understand that if I am on a full-time internship assignment for six months or more, payments mabegin on my student loans unless a deferment is obtained. It is my responsibility to check with the Office of Financial Aid to determine how it will affect my status as soon as I accept this internship assignment.				
			full-time intern student is required of Records and Registration, 931-		
		nave completed the on-line seen given to my advisor.	e sexual harassment training progr	ram. My completion	
	I understand that as an internship student, I am not eligible for any typ compensation when I end my assignment.				
	As an international St	nal student, I certify that I udent Affairs prior to begir	have completed all paperwork requiring my internship assignment.	uired by the Office	
Name:		ast Name	First Name	Middle Initial	
				iviidale II IIIdi	
Signatu	ure:			Date	
Adviso	r:			 Date	