

**STUDENT INTERNSHIP AGREEMENT FORM**

**Please read carefully, fill out all the requested information, and sign at the end of the form.**

Your admission to the program is conditioned upon your signing this agreement and your performance on the internship. You are expected to represent USC honorably in your internship. You must show up on time, whether you work on-site or remotely, fulfil your time requirement, work on the tasks you were assigned, behave professionally, and show respect to your superiors and colleagues.

By signing below, you also waive any and all claims against the Environmental Studies Internship Program and ENST 492 faculty and agree to hold them harmless should any injury or harm befall you during your internship work or your commute to and from your internship, or internship related events.

***SEMESTER*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***STUDENT INFORMATION***

Last Name First Name Middle Initial

Address Phone

City State Zip

Class Standing during internship semester (Fr, Soph, Jr, Sr) Major/Minor

E-mail Student ID#

***INTERNSHIP INFORMATION***

Internship Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Internship Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Description of Main Duties: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Supervisor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisor Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of hours interning per week: \_\_\_\_\_\_\_ Number of credit units requested: \_\_\_\_\_\_\_\_\_\_

Days and times \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Compensation: This internship must be unpaid. Please sign below to confirm.

**Student’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_**

***OFFICE INFORMATION***

APPROVED \_\_\_\_\_\_\_\_\_ NOT APPROVED \_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***This form must be completed in its entirety to apply for D-clearance and enrollment in ENST-499.***