

GRADUATE STUDENT INTERNSHIP MEMORANDUM OF AGREEMENT

Student Name: _____ Date: _____
Student ID #: _____ Company Name: _____
Address: _____ Address: _____

City State Zip City State Zip
Telephone: _____ / _____ Telephone: _____ / _____
Email address: _____ Email address: _____
Number of Hrs/Wk: _____
Starting Date: _____ Site Supervisor: _____
Ending Date: _____ Faculty Sponsor: _____
Internship Title/Description: _____

Indicate your medical insurance coverage (Check appropriate line):

North Park Univ.: _____ Parent/Guardian: _____ Other: _____

REGISTRATION FOR INTERNSHIP - Student must complete & obtain all signatures.

Name: _____ ID # _____ Date: _____

_____ **5970** 20 - 20 ; S1 S2 S3
Department (Acad. Yr.) (circle)

_____ Semester Hours to be awarded:

North Park University Faculty Sponsor

School Dean/Divisional Chair

Intern

Site Supervisor

International Student Advisor

Career Development & Internships Office

The role of North Park University with respect to student's onsite internship experience is limited to the awarding of academic credit for student's participation in the internship. North Park University does not supervise, sponsor or otherwise direct the onsite activities of a student other than to assign a final paper or project from which academic credit is granted. Students will be under the supervision of the hosting organization and site supervisor as it relates to work assignments and daily activities.

ALL STUDENTS MUST PROVIDE A FULLY EXECUTED MEMORANDUM OF AGREEMENT TO THE CAREER DEVELOPMENT OFFICE PRIOR TO BEGINNING AN INTERNSHIP.

[This section for CPS office use only: Given to Records Office - Date: _____ ; Staff: _____]

PLEASE RETURN THIS FORM TO THE CAREER DEVELOPMENT & INTERNSHIPS OFFICE.