

# INTERNATIONAL STUDENT GRADUATE 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: \_\_\_\_\_

**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

*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 FRONT DESK, TOP FLOOR, STUDENT SERVICES BUILDING**