



Professional Internship Program Site Agreement Form

Instructions

The purpose of this agreement is to confirm the details of the internship and the intent of the student to earn academic credit for the experience. Submit copy of the completed form to the Assistant Director of Internships.

Student's Name: _____

Supervisor's Business Contact Information

First Name: _____ Last Name: _____
Job Title: _____ Department: _____
Company Name: _____ Company Web Site: _____
Mailing/Street Address: _____
City: _____ State: _____ Zip: _____
Phone Number: _____ E-mail: _____

Internship Description

Student Position:

Internship Location: Same as Supervisor Another location, please indicate address:

Street Address: _____

City: _____ State: _____ Zip: _____

Will this be a paid position? _____

Position Description (Describe the specific job duties, expectations, and project work. Can attach separately.)

Additional Learning Opportunities

Meetings, conferences, training, field work, etc.

Student's Work Schedule

For a 3-credit internship, students must complete 120+ hours over at least 10 weeks (8 weeks in the summer)

Indicate the student's work schedule.

	Days	Start Time	End Time
Start Date: _____	Monday	_____	_____
End Date: _____	Tuesday	_____	_____
	Wednesday	_____	_____
	Thursday	_____	_____
	Friday	_____	_____

Signatures

Your signature indicates that you agree to supervise the student in the position described.

Supervisor's Signature: _____ **Date:** _____

Student's signature indicates that he or she agrees with the details outlined in this document.

Student's Signature: _____ **Date:** _____

Nazareth Contact Information

Internship Program
Center for Life's Work
Nazareth College of Rochester
4245 East Avenue
Rochester, New York 14618-3790

Office: GAC-104
Phone: 585-389-2878
Fax: 585-389-2458
E-mail: internships@naz.edu
Web site: www.naz.edu/internships

PROFESSIONAL INTERNSHIP PROGRAM: COVID-19 ACKNOWLEDGEMENT

Supervisor: Nazareth College has approved this student's internship with the understanding that the site is following all applicable federal, state, and local requirements regarding business operations during the COVID-19 pandemic. If at any time you have concerns with accuracy of this statement, immediately contact the Internship Program at internships@naz.edu or 585-389-2878.

By signing below, I acknowledge that I have read and understand the above statement.

Supervisor's Signature: _____ Date: _____

Student: During the COVID-19 pandemic, your internship site may be required to follow certain federal, state, and local requirements in order to protect health and safety. Nazareth College does not exercise any control over your internship site or the specific safety protocols adopted by the site in response to the COVID-19 pandemic. Nazareth College strongly recommends that you follow the specific safety protocols established by your internship site, including those temporarily place due to the pandemic.

By signing below, I acknowledge that I have read and understand the above statement.

Student's Signature: _____ Date: _____