

**CLAYTON STATE UNIVERSITY
OFFICE OF CAREER SERVICES**

2000 Clayton State Blvd, Edgewater Hall Upper Level, Suite 228, Morrow, GA 30260
(678) 466.5400 – Office (678) 466.5468 – Fax

HSCI INTERNSHIP LEARNING AGREEMENT

(Completed typed form with all three original signatures must be returned to the HSCI Internship Coordinator by the established deadline date each semester)

Health Sciences Major

Student Name _____ Student Laker ID _____

Student Email _____@student.clayton.edu Student Telephone _____

Expected Graduation Date _____ Internship Semester _____

Internship Site _____

Internship Address _____

Supervisor Name _____ Supervisor Title _____

Supervisor Email _____ Supervisor Telephone _____

☐ Unpaid ☐ Paid @ rate of \$_____ per hour

By the end of this semester, the student will understand and apply the knowledge gained from the internship experience to the health care environment as exhibited by meeting the following objectives:

1. **Learning Objective** _____
Duties, responsibilities, and activities for meeting objective

2. **Learning Objective** _____
Duties, responsibilities, and activities for meeting objective

3. **Learning Objective** _____
Duties, responsibilities, and activities for meeting objective

(NOTE: Learning objectives specific to your site may be listed on an attached sheet.)

This Internship Learning Agreement is established to provide a basis of understanding between Clayton State University (CSU), the student intern, and the internship site. This agreement commits neither the internship site nor the student to permanent employment.

The **CSU Associate Director of Career Services or Faculty Coordinator** agrees to:

1. Provide related academic assignments coordinated with the internship experience.
2. Communicate with the internship supervisor throughout the semester to evaluate student's work performance.
3. Assess degree to which student meets stated learning objectives.

The **Internship Site** agrees to:

1. Provide an internship experience that permits student to meet her/his learning objectives.
2. Provide supervision that emphasizes the student's safety as well as the learning objectives.
3. Clarify to permanent employees the expectations for the student's internship. The intern does not displace regular employees, but works under the close observation of a regular employee.
4. Notify CSU in a timely manner of any serious problems related to the internship, including a need to terminate student's participation.
5. Furnish all necessary supplies and equipment.
6. Communicate periodically with CSU representatives regarding student's work performance.
7. Complete and submit a final internship evaluation on a designated form at the end of each semester. This evaluation will provide input for the student's course grade.

The **Student** agrees to:

1. Follow the rules and policies that apply to all employees including **confidentiality**.
2. Perform assigned tasks in a responsible manner including accurate and complete documentation.
3. Demonstrate honesty, punctuality, cooperation, courtesy, and a willingness to learn.
4. Maintain regular attendance both at CSU and at the internship site.
5. Avoid unsafe acts and be alert to unsafe conditions.
6. Notify appropriate internship site personnel or CSU Associate Director of Career Services of any significant difficulties experienced at the internship site.
7. Provide records or reports required by either CSU or the internship site.
8. Facilitate obtaining a completed, end-of-semester evaluation form from site supervisor.

AUTHORIZATION TO RELEASE STUDENT INFORMATION

I hereby authorize the Office of Career Services and/or my faculty coordinator at Clayton State University to release, on my behalf, to potential internship sites my GPA, resume, or other such information contained in my educational records as is *necessary* to aid the organizations in assessing my potential for participation in an internship. I further authorize the Office of Career Services to communicate with an internship site regarding my work performance during the semester(s) of participation.

I understand that this information will be disclosed to those persons at the internship site who have been determined by that organization to have a need to know. I understand that this information is being released pursuant to the Family Educational Rights and Privacy Act of 1974 and will not be released to other parties without my consent.

We the undersigned agree to the conditions set forth in this *Internship Learning Agreement*.

_____ Student Name	_____ Signature	_____ Date
_____ Supervisor Name	_____ Signature	_____ Date
_____ Faculty Coordinator	_____ Signature	<input type="checkbox"/> Approved <input type="checkbox"/> Denied

Date received with completed information and signatures

Revised 4/15/19