Weber State University
Health Promotion and Human Performance
Internship Agreement
Developed: 15 March 1999 Revised: 13 August 2012

As a student of Weber State University within the Department of Health Promotion and Human Performance I, ________________________________, commit to an internship/project with ________________________________ located at ________________________________ has consented to be my supervisor.

The internship/project will begin ________________________________ and end ________________________________, for a total of ________________________________ weeks. I am contracting to work ________________________________ hours per week, for a total of ________________________________ hours. My enrollment in ________________________________ for ________________________________ semester hours will be during ________________________________. My student ID# is ________________________________.

During the internship/project I will be expected to:
1. Be registered as a student pursuing a declared major within the Health Promotion and Human Performance Department.
2. Comply with the department’s minimum internship/project contact hours/credit hours requirement (4 contact hours/week/1 semester credit hour).
3. Comply with all policies and procedures and guidelines outlined by my intern supervisor (employer) and university intern director or project director.
4. Meet all university and department requirements and assignments associated with this internship/project.
5. Perform in a professional manner while performing my duties and completing assignments associated with the internship.

Note: Assurance of General Liability Insurance for WSU interns and senior project students can be provided upon request. Students are responsible for providing assurance of their Professional Liability Insurance as well as Health Insurance upon request.

______________________________  ________________________________
(Student Signature)  (Date)

Cell/Home(____-____-______) Business(____-____-______) E-mail(__________________________)

______________________________  ________________________________
(University Director Signature)  (Date)

Cell/Home(801-510-9772) Business(801-626-7361) E-mail(mmsmith1@weber.edu)

______________________________  ________________________________
(Site/Project Supervisor Signature)  (Date)

Cell/Home(____-____-______) Business(____-____-______) E-mail(__________________________)

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