Weber State University
Exercise and Sports Science
Internship Agreement
Developed: 15 March 1999   Revised: 1 July 2019

As a student of Weber State University within the Department of Exercise and Nutrition Science

I, _____, commit
                              (Full Name)
to an internship/project with_____
                              (Name of Organization, Institution, Company)
located at _____.
                              (Address, City, State, Zip Code)
_____ has consented to be my supervisor.
              (Site Supervisor's Full Name)
The internship/project will begin _____ and end_____, for
                                   (Month, Date, Year)   (Month, Date, Year)
a total of _____ weeks. I am contracting to work _____ hours per week,
              (Number)   (Number)
for a total of _____ hours. My enrollment in _____ for _____ semester hours
              (Number)   (Course Number)   (Credits)
will be during _____. My student ID# is _____.
              (Term, Year)

During the internship/project I will be expected to:
1. Be registered as a student pursuing a declared major within the Exercise and Nutrition Science 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(435 – 70 1 –01 8 6) Business(801 – 626 –6696) E-mail(matthewsmith20@weber.edu)

_____   _____
          (Site/Project Supervisor Signature)   (Date)

Cell/Home(____-____-_____)Business(____-____-_____)E-mail(_____)

34